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106th Congress — 1st Session • January 6–November 22, 1999

House Document

No. 103

SUPERINTENDENT OF DOCUMENTS
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FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
JANUARY 1–DECEMBER 31, 1998
VOLUME 1 OF 3

United States Congressional Serial Set

Serial Number 14580

United States Government Printing Office
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106th Congress, 1st Session - - - - - - - - - - - - House Document 106–103

FINANCIAL DISCLOSURE REPORTS OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES FOR THE PERIOD BETWEEN JANUARY 1, 1998 AND DECEMBER 31, 1998

COMMUNICATION

FROM

THE CLERK OF THE HOUSE OF REPRESENTATIVES

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES FOR THE PERIOD OF JANUARY 1, 1998, THROUGH DECEMBER 31, 1998, PURSUANT TO RULE XXVII, CLAUSE 1, OF THE HOUSE RULES

(Volume 1 of 3)

JULY 22, 1999.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

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U.S. GOVERNMENT PRINTING OFFICE

58–073 WASHINGTON : 1999

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 13, 1999.

Hon. J. DENNIS HASTERT,
Speaker of the House of Representatives,
The Capitol, Washington, DC.

DEAR MR. SPEAKER: I hereby submit the annual compilation of personal financial disclosure statements filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended, 5 U.S.C. app. § 101–111 (1994), and the House Rule XXVII.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XXVII by May 17, 1999. The compilation includes reported financial transactions which occurred between January 1, 1998, and December 31, 1998.

House Rule XXVII provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports filed by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
Clerk, U.S. House of Representatives.

Enclosure.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 3:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Neil Abercrombie
(Full Name)

1502 Longworth House Building
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-2726

Filer Status	[X] Member of the U.S. House of Representatives	State: HI District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Neil Abercrombie

DATE (Month/Day/Year): 5/17/99

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Hawaii	Legislative pension	$23,941.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *not self-directed* provide the required information on any underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reportin year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples.* SP Mega Corp Stock SP 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Coop Apartment (Makiki Street, Honolulu, Hawaii)	$50,001 - $100,000	Rent	$5,001 - $15,000 (Gross) $0 (Net)	NA
University of Hawaii Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	NA
Charles Schwab IRA	$15,001 - $50,000	Dividends	NA	NA

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Vera Abercrombie	Mortgage on Makiki Street apartment	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Sterling Experience	April 14-15, 1999	Honolulu-Kona-Honolulu	Y	Y	N	None

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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9

Gary L. Ackerman
(Full Name)

2243 Rayburn
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-2601

Filer Status					
	X	Member of the U.S. House of Representatives	State NY District 05	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

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VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL: Gary L. Ackerman

DATE (Month/Day/Year): 5/14/99

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pride of Judea Mental Health Center	Spouse compensation	N/A
	Spouse private practice	Spouse compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Magellan	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	S
	Fidelity Spartan NY Hi		Capital Gains and Dividends	None - $200	S
	News Communications, Inc., Common Stock	$250,001 - $500,000	Capital Gains	None - $200	
	IRA--Family Management Corp	$50,001 - $100,000	NA	NA	
	IRA--Nationwide	$15,001 - $50,000	NA	NA	
SP	IRA--Nationwide	$15,001 - $50,000	NA	NA	
	FM Multi-Strategy Inv. Limited Partnership	$50,001 - $100,000	Dividends, Interest	$1,001 - $2,500	
	Melrose Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
	ACB Publications (1/3 interest)	$15,001 - $50,000	Capital Gains	None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Multi-Media Advertising, Inc /Flushing Tribune, Inc	$15,001 - $50,000	(See agreements)	None - $200	
	Citibank (various)	$1,001 - $15,000	Interest	None - $200	
	Collagenesis, Inc , stock	$15,001 - $50,000	Capital Gains	None - $200	
	Pershing/Alliance Cash	None - $1,000	Interest	None - $200	
	Congressional Federal Credit Union	$1,001 - $15,000	Interest	None - $200	
	Oppenheimer Main St. Income & Growth C	$1,001 - $15,000	Dividends, Interest, Cap Gains	None - $200	P
	Seligman Frontier Fund, Inc. Class D	$1,001 - $15,000	Dividends, Interest, Cap Gains	None - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Fidelity Spartan NY Hi	Sold	3/23/98	$50,001 - $100,000
	Oppenheimer Main St. Income & Growth C	Purchase	3/12/98, 12/11/98	$1,001 - $15,000
	Fidelity Magellan	Sold	11/23/98	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Fidelity Investments	Margin account (since paid off)	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute	4/13-17/98	New York--Lanai, HI--New York	Y	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, propretor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Director	News Communications, Inc.

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queens Tribune/Multi-Media/ Michael Schenkler	Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune, Inc., and Multi-Media, Inc., until all assets are paid

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 20 PM 4:56

U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

9

ROBERT BROWN ADERHOLT
(Full Name)

POST OFFICE BOX 323
(Mailing Address)

Daytime Telephone

HALEYVILLE, AL 35565-0323

Filer Status	[X] Member of the U.S. House of Representatives	State Alabama District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

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I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL Robert B. Aderholt

DATE (Month/Day/Year) 5-20-99

15

15

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NAILFAST, INC.	SALARY	$5,300

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
N/A				

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT BROWN ADERHOLT

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster		Indefinite																Royalties								X				
			1st Bank of Paducah, KY accounts					X									X									X							
	1910 Graham St. RENTAL HOUSE-Montgomery,AL						X									X										X*							
	Hoggleridge 60 ACRES LAND-Haleyville,AL					X															Coal Royalties						X						
	Hwy 5 South COMMERCIAL BLDG-Haleyville,AL								X							X												X					
	IRA-Traders&Farmers Bank				X												X					N/A											
	IRA-NY Life Securities,Inc.					X									X							N/A											
	IRA-New York Life Insurance				X												X					N/A											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT BROWN ADERHOLT

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	86.14 Acres Land-Huntsville						X										X				X											
SP	58.17 Acres Land-Huntsville				X												X				X											
SP	Congressional Fed Credit Union	X														X						X										
	Community Bank		X													X						X										
	Traders & Farmers Bank			X												X						X										
JT	Common Stock-Allied Signal				X									X										X								
	Common Stock-Glaxo Wellcome			X										X									X									
	Common Stock-Telefonos DeMexico	X												X								X										E
	Common Stock-Prime Cash Series			X										X								X										
	Common Stock-Alliance Capital			X										X								X										
	Common Stock-H&Q Healthcare		X											X								X										
	Common Stock-US China Industrial Exc			X										X							X											E
	Common Stock-Ivax Corp.			X										X							X											
	Common Stock-VLSI Tech.Inc.			X										X							X											
JT	Common Stock-Naristar Int.			X										X							X											
	Common Stock-Telecom Italia	X												X							X											E

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name ROBERT BROWN ADERHOLT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Stock Exchange - Telefonos DeMexico			X	5-29-98	X									
	Stock Exchange - Telecom Italia			X	5-29-98	X									
	Stock Exchange - U. S. China Industrial Exc			X	5-29-98	X									

This page may be copied if more space is required.

Name ROBERT BROWN ADERHOLT | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Julious Brown Estate	Mortgage on 2nd Home Montgomery,AL(not principal residence)			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Speech @ Alabama Natural Gas-Annual Mtg.		June 21-22	* Cullman-Sandestin-Wash.,DC	Y	Y	Y	N
Campus Outreach		June 12-14	* Wash.,DC-Panama City-Haleyv	Y	Y	Y	N
Speech @ Alabama Truckers Assn.-Annual Mtg		Apr 17-18	* Gadsden-Nashville-Haleyville	Y	Y	Y	N
Business Council of AL- Speaker		Aug 16-18	* Dora-Point CIear-Huntsville	Y	N	Y	N

* Sponsor did not cover cost of transportation.

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Employee	NAILFAST, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISL... ... CENTER
99 MAY 21 PM 12: 13
OFFICE ... U S HOUSE OF ... S

THOMAS H ALLEN
(Full Name)

17 FAIRMOUNT ST
(Mailing Address)

PORTLAND ME 04103

202 225-6116
Daytime Telephone

207 774-5019

MC MAY 17 1999 (4)
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State ME District 1	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Thomas H. Allen

DATE (Month/Day/Year): 5/17/99

Name THOMAS H. ALLEN | Page 2 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	P, S, E
SP	Mega Corp. Stock					X								X											X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties													
JT	1st Bank of Paducah, KY accounts						X									X										X				X			
	AMERICAN MUTUAL FUND						X							X			X									X							
	MAINE STATE BOND 02			X												X								X									
	M. LYNCH VENTURE PARTS		X											X		X							X										
	245 COMMERCIAL ST. PORTLAND ME (5.897% INTEREST)						X								X							X											
	MAINE MUNI BOND BK			X												X								X									S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name THOMAS H. ALLEN

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	5000 MAINE MUNI BOND BK		X		11/9/98	X									
	313 AMERICAN MUTUAL FUND		X		11/5/98	X									

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

This page may be copied if more space is required.

Name THOMAS H. ALLEN | Page 4 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	FLEET BANK OF MAINE	MORTGAGE ON 245 COMMERCIAL ST PORTLAND ME (5.897% SHARE)				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

Robert E. Andrews
(Full Name)

215 Fourth Avenue
(Mailing Address)
Haddon Heights NJ 08035

Daytime Telephone:
609-546-5100

Filer Status: [X] Member of the U.S. House of Representatives — State: NJ District: 01 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert E. A

DATE (Month/Day/Year): 5/14/99

Name Robert E. Andrews	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rutgers -- The State University of New Jersey	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	ROBERT E. ANDREWS	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	N/A			

Name Robert E. Andrews | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust	$15,001 - $50,000	Excepted Trust	None	
JT	Mellon Bank Checking Account	$1,001 - $15,000	Interest	$201 - $1,000	
JT	PNC National Bank Checking Account	$15,001 - $50,000	Interest	$201 - $1,000	
SP	Stock -- GTE	$1,001 - $15,000	Dividends	$201 - $1,000	

Name Robert E. Andrews | Page 2 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Stock -- Connectiv	$1,001 - $15,000	Dividends	$201 - $1,000	
JT	Dean Witter Money Market Account	$15,001 - $50,000	Interest	$201 - $1,000	
JT	1105 Creek Road, Bellmawr, NJ 08031 Inherited from the Estate of Josephine Andrews (mother)	None	NA	None	
JT	Morgan Stanley Dean Witter Mutual Fund	$15,001 - $50,000	Dividends	$1,001 - $2,500	

Name Robert E. Andrews | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Dean Witter Money Market Fund	Sold	4/30/98	$15,001 - $50,000
	Morgan Stanley Dean Witter Mutual Fund	Purchase	4/30/98	$15,001 - $50,000

Name Robert E. Andrews	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	N/A		

Name	ROBERT E. ANDREWS	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	N/A		

Name Robert E. Andrews | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
N/A				N	N	N	

Name	ROBERT E. ANDREWS	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative; employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
N/A	

Name ROBERT E. ANDREWS

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

BILL ARCHER
7th District, Texas

CHAIRMAN
WAYS AND MEANS
COMMITTEE

JOINT COMMITTEE
ON TAXATION

HAND DELIVERED

RECEIVED

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1236 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2107
202 225-2571
FAX 202 225-3486

DISTRICT OFFICE
10000 MEMORIAL DRIVE, SUITE 760
HOUSTON, TX 77024-3990
(713) 682-8923
FAX (713) 680-8079

INTERNET
http://www.house.gov/archer

May 13, 1999

Honorable Jeff Trandahl
Clerk of the House
H-154, The Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

MC

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1998 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1998, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

FINANCIAL STATEMENT - WILLIAM R. ARCHER, JR. - DECEMBER 31, 1998

ASSETS

Certificate of Deposit (F&M Bank of Stanley)		5,490.00
Certificate of Deposit (Tanglewood Bank)		105,000.00
Cash (Cong. Credit Union Acct.)		7,000.00
Cash (Crestar Bank)		114,064.00
Merrill Lynch Cash Management Acct.		732,713.00
Merrill Lynch Cash Management Acct.		112,547.00
I.R.A. (USAA)		160,589.00
Life Insurance Cash Value		9,600.00
Federal Government Retirement Fund		129,166.00
FERS Thrift Savings		106,113.00
Securities (Market Value 12-31-97)		
1037 shares American General Insurance @ 78.00		80,886.00
600 shares Halliburton @ 29.625		17,775.00
117 shares Amerada Hess @ 50.00		5,850.00
400 shares Microsoft @ 170.00		68,000.00
700 shares Intel @ 115.00		80,500.00
1980 shares Bank of Tanglewood @ 14.00		27,720.00
600 shares Atlantic Richfield @ 65.60		39,360.00
200 shares Page Bankshares @21.00		4,200.00
$30,000 U.S. EE Savings Bonds (at cost)		15,000.00
USAA Mutual Fund		110,660.00
PaineWebber CashFund		226,529.00
Municipal Bonds		336,797.00
27% Interest in Archer Associates - Partnership (Partnership in Liquidation)		33,382.00
Real Estate:		557,067.00
Investment Equities - Houston Real Estate (at cost less depreciation)	49,016.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Acreage - Page County, VA (at cost)	380,320.00	
Mineral Royalty Interest, San Juan, NM (at cost)		2,000.00
1987 Dodge Truck		2,000.00
1998 Jeep Grand Cherokee		25,000.00
1990 Ford Taurus Station Wagon		11,000.00
Coin Collection (at cost)		16,326.00
TOTAL ASSETS		3,142,334.00
TOTAL LIABILITIES		00.00

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
99 MAY 14 PM 3:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-2571

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule V

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: William R. Archer

DATE (Month/Day/Year): 5-13-99

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP: Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cong. Federal Credit Union	$1,001 - $15,000	Interest	None	NA
	CD - Farmers & Mechanics Bank of Stanley	$1,001 - $15,000	Interest	$201 - $1,000	NA
	CD - Tanglewood Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	NA
JT	Crestar Bank	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
SP	Charles Schwab & Co. - IRA	$1,001 - $15,000	Interest	$201 - $1,000	NA
	American General Insurance - Stock	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA
	Halliburton - Stock	$15,001 - $50,000	Dividends	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Amerada Hess - Stock	$1.001 - $15.000	Dividends	$1 - $200	NA
	Microsoft - Stock	$50.001 - $100.000	None	None	NA
	Intel - Stock	$50.001 - $100.000	Dividends	$1 - $200	NA
	Atlantic Richfield - Stock	$15.001 - $50.000	Dividends	$1.001 - $2.500	NA
	US EE Savings Bonds	$1.001 - $15.000	None	None	NA
	USAA Mutual Fund	$100.001 - $250.000	Dividends	$5.001 - $15.000	NA
	Paine Webber Cashfund	$100.001 - $250.000	Interest	$5.001 - $15.000	NA
	Municipal Bonds - (Paine Webber Acct.)	$250.001 - $500.000	Interest	$5.001 - $15.000	NA
IT	Townhouse - Houston, TX	$100.001 - $250.000	Rent	$5.001 - $15.000	NA
	Archer Associates - Family Partnership	$15.001 - $50.000	Interest	$1 - $200	NA
	San Juan, NM - Mineral Royalty Interest	$1.001 - $15.000	Royalty	$2.501 - $5.000	NA
IT	Merrill Lynch CMA Acct #1 & 2	$500.001 - $1.000.000	Dividends	$15.001 - $50.000	NA
	Real Estate Partnership - Houston Westwood Shopping Ctr., 1/5% Interest	$1.001 - $15.000	Interest/Capital Gain	$201 - $1.000	NA
	Real Estate Partnership - Houston Meadowlake Estate - 6.25% Interest	$1.001 - $15.000	Interest	$1 - $200	NA
	Real Estate Partnership - Houston Howard Chen	$15.001 - $50.000	Interest	$1 - $200	NA
	USAA - IRA	$100.001 - $250.000	Interest	$5.001 - $15.000	NA
	Bank of Tanglewood - Stock	$15.001 - $50.000	None	None	NA
	Page Bancshares	$1.001 - $15.000	Dividends	$1 - $200	P

Name William R. Archer, Jr. | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Page Bancshares	Purchase	2/25/98	$1,001 - $15,000
	Microsoft - Stock	Sold	8/31/98	$15,001 - $50,000
	Intel - Stock	Sold	8/31/98	$50,001 - $100,000
	American General - Stock	Sold	8/31/98	$15,001 - $50,000
	Cathness	Sold	12/31/98	$1,001 - $15,000

Name William R. Archer, Jr | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Mass Retail Association	2/1-2/2/98	D.C.-Naples, FL-D.C.	Y	Y	N	None
Corporate Council on Africa and the Wilderness Foundation	4/2 - 4/16/98	D.C.-Gabon-South Africa-D.C.	Y	Y	Y	None
Foreign Policy Institute	6/28 - 7/6/98	D.C.-Turkey-D.C.	Y	Y	Y	None

Name William R. Archer, Jr. | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Houston Society for the Prevention of Cruelty to Animals
Partner	Archer Associate Partnership

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 17 PM 4:22
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

Richard Armey
(Full Name)

H-329 The Capitol
(Mailing Address)
Washington DC 20515

Daytime Telephone:
(202) 225-4000

Filer Status	[X] Member of the U.S House of Representatives	State TX District 26	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [ ] No [X]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Dick Armey

DATE (Month/Day/Year): 5/17/99

Name Richard Armey | Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Teachers Insurance and Annuity Association	teacher's retirement	$2,400.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Armey | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb 2, 1998 Aug 13, 1998	$2,000 $ 500
Pacific Research Council		speech	May 27, 1998	$2,000.00

Name Richard Armey	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Wells Fargo	line of credit	$15,001 - $50,000

Name Richard Armey	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Citizens for A Sound Economy Foundation	May 15, 1998	Charlotte, NC-Raleigh, NC	Y	Y	N	none
Citizens for A Sound Economy Foundation	April 14-15, 1998	Dallas, TX-St. Louis, MO	N	Y	N	none
Citizens for A Sound Economy Foundation	June 22, 1998	Washington, DC-Indianapolis, IN-Washington, DC	N	Y	N	none
Citizens for A Sound Economy Foundation	Jan. 18-19, 1998	Mobile, AL-Baton Rouge, LA-Washington, DC	Y	Y	N	none
Citizens for A Sound Economy Foundation	Feb. 18, 21	Dallas, Tx-Denver, CO; Orange County- San Diego, CA	N	N	N	none
The Bond Market Association	March 7, 1998	Washington, DC-Boca Raton, FL	N	N	N	none
Citizens for A Sound Economy Foundation	March 22-23, 1998	Vero Beach-Orlando-W. Palm Beach-Sarasota, FL-Washington, DC	Y	Y	N	none
The Awakening	Jan. 10-12, 1998	Washington,DC-Jacksonville, FL-Washington, DC	Y	Y	Y	none
Citizens for A Sound Economy	Aug. 18, 1998	Dallas, TX-Chicago, IL	N	Y	N	none
Citizens for A Sound Economy	July 8, 1998	Dallas, TX-Houston, TX-Des Moines, IA	N	Y	N	none

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED - CENTER
99 MAY 18 PM 4:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Spencer T. Bachus, III
(Full Name)

442 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-4921

Filer Status	[X] Member of the U.S. House of Representatives — State Alabama District Sixth	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 17 99

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The Cancer Research Foundation	Spouse Salary	36,250
	United States House of Representatives	Approved Salary	129,620

For payments to charity in lieu of honoraria, use Schedule II.

Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
Nissan North America, Inc.	WTEM March Madness Call-in Prediction	March 9, 1998	$980.00
Kmart Corporation/Kmart Family Foundation	Kmart Kids Race Against Drugs Participant	Sept. 16, 1998	$500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Spencer T. Bachus, III

Page 1 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP, DC, JT	*Examples*		Indefinite			X	X							X		X				Royalties			X					X				P, S, E, P
SP	Mega Corp. Stock																															
	Simon & Schuster																															
	1st Bank of Paducah, KY accounts																															
SP	Smith Barney									X				X		X											X					
SP	AmSouth Bank			X												X						X										
	J. C. Bradford Co.			X												X						X										
	Regions Bank			X												X						X										
SP	Fidelity Cash Reserve			X										X									X									
SP	Commercial Investment						X								X	X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	4821 12th Ave N., Bham				X										X										X							
	2025 16th Druid Hills				X										X										X							
	3937 28th Pl. N., Bham				X										X																	
	1213 Impala Dr., Bham					X									X								X									S
	2612 Janice Cir., Bham.					X									X										X							S
	Civic Ctr Prof Bldg, Bham						X								X										X							S
SP	Southwood Enterprises						X									X																
SP	Chase Manhattan Corp Note	X															X				X											S
SP	Conseco Inc.	X															X								X							S
SP	Lehman Brothers Hldgs	X															X				X											S
	Put Amazon.Com Mar 085	X															X								X							S
	Put Amazon.Com MAR 085	X															X						X									S
	Put Amazon.Com JUL 090	X															X							X								S
	Call Amgen Inc. JUL 060	X															X							X								S
	Call Boeing Co NOV 37.5	X															X						X									S
	Put Coca Cola APR 075	X															X					X										S
	Put Coca Cola AUG 080	X															X							X								S
	Put Coca Cola AUG 075	X															X							X								S
	Put Coca Cola SEP 075	X															X							X								S
	Put Coca Cola OCT 27.5	X															X									X						S
	Put Dell Compt AUG 100	X															X						X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P. S. E
	Put Gateway OCT 055	X															X							X								S
	Put Gateway NOV 055	X															X						X									S
	Put Intel Corp APR 075	X															X								X							S
	Put Intel Corp AUG 090	X															X								X							S
	Put Monsanto OCT 055	X															X						X									S
	Put Monsanto OCT 055	X															X									X						S
	Put Monsanto OCT 060	X															X									X						S
	Put Proct&Gam FEB 080	X															X						X									S
	Call SW Airline JAN 22.5			X													X				X											
	Call Sun Micro JAN 090	X															X							X								S
	Call Sun Micro JAN 090			X													X				X											

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III | Page 1 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Put Amazon.Com MAR 075	X			3/5/98	X									
	Put Amazon.Com MAR 075		X		3/24/98	X									
	Put Amazon.Com MAR 085	X			3/10/98	X									
	Put Amazon.Com MAR 085		X		3/11/98	X									
	Put Amazon.Com MAR 085	X			3/19/98	X									
	Put Amazon.Com MAR 085		X		3/20/98	X									
	Put Amazon.Com APR 080	X			3/23/98	X									
	Put Amazon.Com APR 080		X		4/21/98	X									
	Put Amazon.Com JUL 090	X			4/20/98	X									
	Put Amazon.Com JUL 090	X			4/28/98	X									
	Put Amazon.Com JUL 090		X		5/11/98	X									
	Put Amazon.Com JUL 050	X			6/10/98	X									
	Put Amazon.Com JUL 055	X			6/10/98	X									
	Put Amazon.Com Jul 055	X			6/11/98	X									
	Put Amazon.Com Jul 090	X			7/6/98	X									
	Put Amazon.Com OCT 045	X			6/10/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Call Amgen, Inc. JUL 060	X			5/12/98	X									
	Call Amgen, Inc. JUL 060	X			5/12/98	X									
	Call Amgen, Inc. JUL 060		X		5/15/98	X									
	Call Boeing Co. NOV 32.5	X			10/2/98	X									
	Call Boeing Co. NOV 32.5		X		10/5/98	X									
	Put Amazon.Com JUL 050		X		7/21/98	X									
	Put Amazon.Com JUL 055		X		7/21/98	X									
	Put Amazon.Com JUL 090		X		7/21/98	X									
	Put Amazon.Com OCT 045		X		7/20/98	X									
	Put Coca Cola Co. JAN 060		X		1/21/98	X									
	Put Coca Cola Co. FEB 060		X		2/24/98	X									
	Put Coca Cola Co. MAR 065	X			2/12/98	X									
	Put Coca Cola Co. MAR 065		X		3/24/98	X									
	Put Coca Cola Co. MAR 060	X			3/4/98	X									
	Put Coca Cola Co. MAR 060		X		4/21/98	X									
	Put Coca Cola Co. APR 065	X			3/5/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Coca Cola Co. APR 065		X		4/21/98	X									
	Put Coca Cola Co. APR 070	X			3/5/98	X									
	Put Coca Cola Co. APR 070		X		4/21/98	X									
	Put Coca Cola Co. APR 075	X			3/20/98	X									
	Put Coca Cola Co. APR 075		X		4/16/98	X									
	Put Coca Cola Co. MAY 075	X			4/13/98	X									
	Put Coca Cola Co. MAY 075		X		4/30/98	X									
	Put Coca Cola Co. JUN 075	X			5/6/98	X									
	Put Coca Cola Co. JUN 075		X		6/23/98	X									
	Put Coca Cola Co. JUN 075	X			5/19/98	X									
	Put Coca Cola Co. JUN 075	X			6/3/98	X									
	Put Coca Cola Co. JUN 075		X		7/21/98	X									
	Put Coca Cola Co. AUG 080	X			4/13/98	X									
	Put Coca Cola Co. AUG 080		X		4/20/98	X									
	Put Coca Cola Co. AUG 080	X			7/22/98	X									
	Put Coca Cola Co. AUG 080		X		8/11/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Coca Cola Co. AUG 065	X			6/1/98	X									
	Put Coca Cola Co. AUG 065		X		8/25/98	X									
	Put Coca Cola Co. AUG 010	X			6/19/98	X									
	Put Coca Cola Co. AUG 070	X			7/24/98	X									
	Put Coca Cola Co. AUG 070		X		8/25/98	X									
	Put Coca Cola Co. AUG 075	X			7/28/98	X									
	Put Coca Cola Co. AUG 075		X		8/14/98	X									
	Put Coca Cola Co. AUG 075	X			8/18/98	X									
	Put Coca Cola Co. AUG 075		X		8/25/98	X									
	Put Coca Cola Co. SEP 075	X			8/21/98	X									
	Put Coca Cola Co. SEP 075		X		8/27/98	X									
	Put Coca Cola Co. OCT 060	X			9/17/98	X									
	Put Coca Cola Co. OCT 060		X		9/24/98	X									
	Put Coca Cola Co. OCT 060	X			10/2/98	X									
	Put Coca Cola Co. OCT 060		X		10/2/98	X									
	Put Coca Cola Co. OCT 060	X			10/5/98	X									

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Name Spencer T. Bachus, III

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Coca Cola Co. OCT 060	X			10/5/98	X									
	Put Coca Cola Co. OCT 060	X			10/6/98	X									
	Put Coca Cola Co. OCT 060		X		10/12/98		X								
	Put Coca Cola Co. NOV 060	X			10/5/98	X									
	Put Coca Cola Co. NOV 060	X			10/13/98	X									
	Put Coca Cola Co. NOV 060		X		11/24/98	X									
	Put Coca Cola En OCT 025	X			9/4/98	X									
	Put Coca Cola En OCT 025		X		9/8/98	X									
	Put Coca Cola En OCT 27.5	X			9/17/98	X									
	Put Coca Cola En OCT 27.5	X			9/17/98	X									
	Put Coca Cola En OCT 27.5		X		9/28/98	X									
	Put Coca Cola En OCT 27.5		X		10/1/98	X									
	Put Coca Cola En OCT 27.5		X		10/1/98	X									
	Put Coca Cola En OCT 27.5		X		10/1/98	X									
	Put Coca Cola En OCT 27.5		X		10/2/98	X									
	Put Coca Cola En NOV 030	X			10/6/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-98		X								
	Put Coca Cola En Nov 030	X			10/13/98	X									
	Put Coca Cola En NOV 030		X		11/24/98	X									
	Put Coca Cola En NOV 27.5	X			5/19/98	X									
	Put Coca Cola En NOV 27.5		X		5/22/98	X									
	Put Dell Computer AUG 100	X			5/19/98	X									
	Put Dell Computer AUG 100		X		5/22/98	X									
	Call Delta Air JAN 060	X			11/19/98	X									
	Call Delta Air JAN 060		X		11/24/98	X									
	Put Walt Disney JAN 095		X		1/12/98	X									
	Put Walt Disney JAN 090		X		1/21/98	X									
	Put Excite Inc. MAY 060	X			4/29/98	X									
	Put Excite Inc. MAY 060		X		5/11/98	X									
	Put Gateway 2000 OCT 055	X			9/25/98	X									
	Put Gateway 2000 OCT 055		X		10/2/98	X									
	Put Gateway 2000 NOV 055	X			10/27/98	X									
	Put Gateway 2000 NOV 055		X		11/13/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Gillette Co. FEB 100	X			1/12/98	X									
	Put Gillette Co. FEB 100	X			2/9/98	X									
	Put Gillette Co. FEB 100		X		2/24/98	X									
	Put Gillette Co. MAR 100	X			2/27/98	X									
	Put Gillette Co. MAR 100		X		3/24/98	X									
	Put Gillette Co. APR 115	X			3/12/98	X									
	Put Gillette Co. APR 115		X		4/16/98	X									
	Put Gillette Co. APR 100	X			3/4/98	X									
	Put Gillette Co. APR 100		X		4/21/98	X									
	Put Gillette Co. JUL 110	X			6/4/98	X									
	Put Gillette Co. JUL 055		X		7/21/98	X									
	Put Intel Corp. APR 075	X			4/6/98	X									
	Put Intel Corp. APR 075		X		4/7/98	X									
	Put Intel Corp. APR 075		X		4/8/98	X									
	Put Intel Corp. MAY 075	X			4/13/98	X									
	Put Intel Corp. MAY 075		X		4/28/98	X									

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SCHEDULE IV — TRANSACTIONS

Name: Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Intel Corp. AUG 090	X			8/18/98	X									
	Put Intel Corp. AUG 090		X		8/20/98	X									
	Put Intel Corp. AUG 085	X			8/4/98	X									
	Put Intel Corp. AUG 085		X		8/21/98	X									
	Put Microsoft CP FEB 135	X			1/21/98	X									
	Put Microsoft CP Feb 135		X		2/24/98	X									
	Put Microsoft CP APR 075	X			3/4/98	X									
	Put Microsoft CP APR 075		X		4/21/98	X									
	Put Monsanto Co. SEP 050	X			8/6/98	X									
	Put Monsanto Co. SEP 050		X		8/18/98	X									
	Put Monsanto Co. SEP 050		X		9/1/98	X									
	Put Monsanto Co. SEP 055	X			8/28/98	X									
	Put Monsanto Co. SEP 055		X		8/31/98	X									
	Put Monsanto Co. OCT 055	X			9/9/98	X									
	Put Monsanto Co. OCT 055	X			9/17/98	X									
	Put Monsanto Co. OCT 055		X		10/1/98	X									

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Put Monsanto Co. OCT 055		X		10/1/98	X									
	Put Monsanto Co. OCT 055		X		10/1/98	X									
	Put Monsanto Co. OCT 055		X		10/2/98	X									
	Put Monsanto Co. OCT 060	X			9/25/98	X									
	Put Monsanto Co. OCT 060		X		10/2/98	X									
	Put Proctor & Gamble JAN 070		X		1/21/98	X									
	Put Proctor & Gamble JAN 080		X		1/9/98	X									
	Put Proctor & Gamble FEB 080	X			1/12/98	X									
	Put Proctor & Gamble FEB 080		X		1/16/98	X									
	Call Southwest Airlines JAN 22.5	X			12/1/98	X									
	Call Sun Micro JAN 090	X			11/30/98	X									
	Call Sun Micro JAN 090	X			11/30/98	X									
	Call Sun Micro JAN 090		X		12/21/98	X									
	Put UAL Corp. JUL 075	X			6/5/98	X									
	Put UAL Corp. JUL 075		X		7/21/98	X									
	Put UAL Corp. AUG 075	X			6/10/98	X									

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Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Regions Bank, Bham, AL	Mortgage - Rental Properties				X						
	Regions Bank, Bham, AL	Mortgage - Civic Center Prof. Building			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name Spencer T. Bachus, III | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Natl. Railroad Passenger Assoc.	Aug 24-27	Wash., DC - Portland, OR	Y	Y	Y	None
	Burlington Northern Santa Fe.	Aug 27-31	Portland/Seattle to East Glacier, Montana	Y	Y	Y	Two

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Name	Spencer T. Bachus, III	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

SPENCER T. BACHUS, III
6TH DISTRICT, ALABAMA

COMMITTEES
BANKING AND FINANCIAL INSTITUTIONS
CHAIRMAN, SUBCOMMITTEE ON GENERAL OVERSIGHT AND INVESTIGATIONS
TRANSPORTATION AND INFRASTRUCTURE
VETERANS' AFFAIRS

HAND DELIVERED

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U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC

RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-4921

3800 INTERNATIONAL PARK DRIVE
SUITE 101
BIRMINGHAM, AL 35243
205-969-2244

NORTHPORT [illegible] CENTER
2000 M. FARGASO BOULEVARD
PO DRAWER 2069
NORTHPORT, AL 35476
205-333-9894

June 9, 1999

The Hon. Jeffrey Trandahl
Clerk of the House
H154 The Capitol
Washington, DC 20510

Dear Mr. Trandahl:

This letter is to amend my Financial Disclosure Statement for Calendar Year 1998.

On Schedule V - Liabilities, the second entry should read as follows:

Regions Bank, Birmingham, Alabama
Mortgage - Civic Center Professional Building
Amount of Liability: "C" ($15,001 - $50,000)

Thank you.

Sincerely,

Spencer Bachus
Member of Congress

STB/gc

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 14 PM 4:01
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only) (4)

Brian N. Baird
(Full Name)

1721 Longworth HOB, Washington, DC 20515
(Mailing Address)

202-225-3536
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: WA District: 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5/13/99

Name	Page 2 of 4
Brian Baird	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Pacific Lutheran University	Salary	$ 27,128

For payments to charity in lieu of honoraria, use Schedule II.

Name	Brian Baird	Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.*	SP Mega Corp Stock					X								X																	P
		Simon & Schuster			Indefinite																Royalties								X			
		1st Bank of Paducah, KY accounts						X									X									X						
	Simon & Schuster				Indefinite																Royalties						X					
	3013 Rockchuck, Bend, OR		X													X									X							S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	(house) 3013 Rockchuck, Bend, OR		X		10-1-98				X						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers and employees

Richard H. Baker
(Full Name)

434 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-3901

HAND DELIVERED:
MC (6)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Louisiana District 06th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): 5/7/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	Baker Agency	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P S E
SP		SP					X								X										X								P
DC						Indefinite															Royalties									X			
JT								X									X									X							
	LPB Minerals				X										X									X										
	Glacier Technology				X																	X											
	Baker Agency						X															X											
SP	K's Louisiana Market							X																									
	Scenic Investments					X																X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard H. Baker

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	AES, Inc. (Stock)	X																			X											Closed
	RES, Inc. (Stock)	X																			X											Closed

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Hancock Bank, Baton Rouge, Louisiana	Commercial Loan			X							
	Bank One, Baton Rouge, Louisiana	Commercial Loan		X								
	MBNA	Business Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officer	Baker Agency (uncompensated)
Officer	RES, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

John Elias Baldacci
(Full Name)

79 Palm Street
Bangor, Maine 04401
(Mailing Address)

207-947-6088
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Maine District Second	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John Baldacci

DATE (Month/Day/Year) May 6, 1999

Name	John Elias Baldacci	Page 1 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Bangor 73 Harlow Street Bangor, Maine 04401	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Block E: Transaction
		A	B	C		E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
SP																																
DC	*Examples*			Indefinite			X							X						Royalties				X					X			P
JT							X																									
	Bangor Savings Bank P.O. Box 930 Bangor, Maine 04402 (Savings)			X												X							X									
JT	Key Bank of Maine P.O. Box 429 Augusta, Maine 04330 (sd)		X													X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Elias Baldacci

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Cong. Fed. Credit Union P.O. Box 23267 Washington, D.C 20026 (money market)						X									X							X									
	Northern New England Law Publishers, Inc. P.O. Box 38 Naples, Maine 04055 (stock)			X										X									X									
SP	ICMA Retirement Trust 777 N, Capitol St. NE Washington, DC 20002					X										X							X									
SP	Travelers Insurance Annuity Services One Tower Square Hartford, CT 06183			X												X							X									
	Maine State Retirement System Augusta, Maine 04330			X												X							X									
SP	Maine State Retirement System Augusta, Maine 04330			X												X							X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

Tammy Suzanne Green Baldwin
(Full Name)

1020 Longworth House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone 202 225-2906

HAND DELIVERED
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives — State WI District 02	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 17)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes ☑ No ☐

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes ☐ No ☑

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes ☑ No ☐

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes ☐ No ☑

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes ☑ No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes ☐ No ☑

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes ☐ No ☑

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes ☑ No ☐

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes ☐ No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes ☐ No ☑

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes ☐ No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tammy Baldwin

DATE (Month/Day/Year) 05/19/99

Name Tammy Baldwin

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Wisconsin Assembly	Salary & Per Diem	39,211.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tammy Baldwin | Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
SP, DC, JT			A None; B $1 – $1,000; C $1,001 – $15,000; $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Examples					
SP	Mega Corp. Stock		F	DIVIDENDS: X		P
	Simon & Schuster		C: Indefinite	Other Type of Income: Royalties		
	1st Bank of Paducah, KY accounts		F	INTEREST: X		
	Rental Property 1435 S. 113 Rd. Carbondale CO		F	RENT: X	VI: X	
	D Green Irrevocable Trust for Tammy Baldwin		F	DIVIDENDS: X; INTEREST: X	V: X	
	Templeton Dev. Markets Class I		C: X	DIVIDENDS: X; CAPITAL GAINS: X	I: X	
	Wisconsin Retirement System		C: X	Other Type of Income: N.A.		

For additional assets and unearned income, use next page.

Name Tammy Baldwin | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Alpine Bank, Glenwood Springs Colo	Mortgage on Rental Property		X								
	Lauren Azar, Madison WI	Personal Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Board Member	Access to Independence
Officer & Board Member	Wisconsin Citizen Action
Board of Governors	Wisconsin YMCA "Youth In Government"
Advisory Council	Wisconsin Center for State & Local Governance
Board Member & Co Chair	University of Wisconsin Gay, Lesbian, Bisexual Alumni Council

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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3

Tammy Suzanne Green Baldwin
(Full Name)

1020 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-2906

Filer Status	☑ Member of the U.S. House of Representatives — State: WI Distrct: 2	☐ Officer or Employee	Employing Office:
Report Type	☐ Annual (May 17)	☑ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☐	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☐
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☐

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Tammy Baldwin

DATE (Month/Day/Year) 06/11/99

Name Tammy Baldwin Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

BLOCK A		BLOCK B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock						X							X																		P
	Examples: Simon & Schuster			Indefinite																Royalties												
	Examples: 1st Bank of Paducah, KY accounts						X									X																
	Rental Property 4435 113 Rd. Carbondale, CO						X								X										X							
	Templeton Dev. Markets Class 1			X										X			X					X										
	Wisconsin Retirement System			X																N.A.												
	D. Green Irrevocable Trust for Tammy Baldwin:																															
	1) Firstar Equity Growth fund A				X									X		X								X								
	2) Firstar Special Growth fund B				X									X		X																

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tammy Baldwin

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: m, g, d
	3) firstar U.S. Gov't Bond fund					X										X																
	4) firstar Money market fund			X												X																

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 17 PM 2:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

THOMAS CASS BALLENGER
(Full Name)

867 20TH AVENUE DRIVE, NW
(Mailing Address)

Daytime Telephone:
(202) 225-2576

HICKORY NC 28601

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NC District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Thomas Cass Ballenger

DATE (Month/Day/Year): 5/17/99

Name THOMAS CASS BALLENGER	Page 1 of 1

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PLASTIC PACKAGING, INC. - FAMILY BUSINESS	SALARY EXEMPT FROM RULE XLVII	$20,000.00
	PLASTIC PACKAGING, INC.	SPOUSE SALARY	NA
	LEGISLATIVE RETIREMENT SYSTEM OF NC	PENSION	$4,301.00
	PLASTIC PACKAGING, INC.	SPLIT-DOLLAR PLAN LIFE INS. BENEFIT EXEMPT FROM RULE XLVII	$7,015.00

For payments to charity in lieu of honoraria, use Schedule II.

Name THOMAS CASS BALLENGER	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Members filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
ANNUAL HONDA SUPPLIERS GOVERNMENT RELATIONS CONFERENCE, WASH., D.C.	SPEECH	7/22/98	$1,000.00
AMERICAN WOOD PRESERVERS INSTITUTE CONFERENCE, CHARLOTTE, NC	SPEECH	10/27/98	$1,000.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block Rent % = Royalty Income	For IRA's and retirement plans that are not self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
For further information, see instructions, pages 14-20				
SP DC JT *Examples:* SP 123 Main St., Dover, Del.	Mega Corp. Stock $15,001 - $50,000 $250,001 - $500,000 1st Bank of Paducah, KY accounts $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT RENTAL HOUSE, 12TH AVENUE	$50,001 - $100,000	Rent	$2,501 - $5,000	
JT RENTAL HOUSE, YORKLAND ROAD	$50,001 - $100,000	Rent	$2,501 - $5,000	S
JT WASHINGTON APT., 450 JERSEY AVE.	$250,001 - $500,000	Rent	$5,001 - $15,000	
TROUSDALE #1	$1,001 - $15,000	RENT - %	$201 - $1,000	
NORTON/TAYLOR	$1,001 - $15,000	RENT - %	$201 - $1,000	
KATHY KAY #1-H WELL	$1,001 - $15,000	RENT -%	$1 - $200	WELL WAS PLUGGED AND ABANDONED

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

GLENDALE PROSPECT #1-H WELL	$1.001 - $15.000	RENT-%	$1.001 - $2.500	
TRAWEEK PROSPECT #1-H WELL	$1.001 - $15.000	RENT - %	$201 - $1.000	
HEINE PROSPECT #1-H WELL	$1.001 - $15.000	RENT - %	$1.001 - $2.500	
ESPERANCE POINT #1-H WELL	$1.001 - $15.000	RENT - %	None	P
SCARMARDO #1-H WELL	$1.001 - $15.000	RENT - %	$201 - $1.000	P
RUNNING DUKE #1-H WELL	$1.001 - $15.000	RENT - %	None	P
HERITAGE CASH TRUST MM FUND	$15.001 - $50.000	Dividends	$1.001 - $2.500	
AIR PRODUCTS &CHEMICALS INC.	$1.001 - $15.000	Dividends	$201 - $1.000	
BANK ONE CORPORATION	$50.001 - $100.000	Dividends	$201 - $1.000	
BB&T CORPORATION	$15.001 - $50.000	Dividends	$201 - $1.000	
BEST FOODS	$15.001 - $50.000	Dividends	$201 - $1.000	Spin-Off From CPC Intl
FRESH FOODS	$1.001 - $15.000	Dividends	None	Spin-Off From WSMP , Inc.
GENERAL INSTRUMENT CORPORATION	$1.001 - $15.000	Dividends	None	P
GIBRALTAR PACKAGING GROUP, INC.	$1 - $1.000	Dividends	None	
INGERSOLL-RAND COMPANY	$1.001 - $15.000	Dividends	None	P
MARTIN MARIETTA MATERIALS INCORPORATED	$1.001 - $15.000	Dividends	$1 - $200	P
NORFOLK SOUTHERN CORPORATION	$15.001 - $50.000	Dividends	$201 - $1.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	RUBBERMAID INCORPORATED	$1,001 - $15,000	Dividends	$1 - $200	P
	TEXTRON INCORPORATED	$15,001 - $50,000	Dividends	$201 - $1,000	
	TYCO INTERNATIONAL LIMITED (NEW)	$1,001 - $15,000	Dividends	None	P
	WACHOVIA CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
	BANKAMERICA	$15,001 - $50,000	Dividends	$1 - $200	Name Changed From Nations Bank
	COMMSCOPE INCORPORATED	$1,001 - $15,000	Dividends	None	
	GENERAL ELECTRIC COMPANY	$50,001 - $100,000	Dividends	$201 - $1,000	
	JOHNSON & JOHNSON INCORPORATED	$15,001 - $50,000	Dividends	$1 - $200	
	LUCENT TECHNOLOGIES INCORPORATED	$15,001 - $50,000	Dividends	None	P
	PFIZER INCORPORATED	$15,001 - $50,000	Dividends	$201 - $1,000	
	PROCTOR & GAMBLE COMPANY	$15,001 - $50,000	Dividends	$201 - $1,000	
	SCHERING PLOUGH CORPORATION	$50,001 - $100,000	Dividends	$201 - $1,000	
	WALGREEN COMPANY	$1,001 - $15,000	Dividends	None	P
	APPLE COMPUTER INCORPORATED	$1,001 - $15,000	Dividends	None	P
	CPC INTERNATIONAL	$1,001 - $15,000	Dividends	$1 - $200	Spin Off - Best Foods
	ARMSTRONG WORLD INDUSTRIES, INC.	$1,001 - $15,000	Dividends	$201 - $1,000	
	DU PONT E I DC NEMOURS & CO.	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DUKE ENERGY CORPORATION	$15,001 - $50,000	Dividends	$1,001 - $2,500	
EXXON CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
MINNESOTA MINING & MANUFACTURING	$15,001 - $50,000	Dividends	$201 - $1,000	
MOBIL CORPORATION	$15,001 - $50,000	Dividends	$1,001 - $2,500	
TEXACO INCORPORATED	$1,001 - $15,000	Dividends	$201 - $1,000	
THE ALLSTATE CORPORATION	$1,001 - $15,000	Dividends	$1 - $200	
UNITED TECHNOLOGIES CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
ALCATEL AMERICAN DEPOSITORY RECEIPTS	$1,001 - $15,000	Dividends	$201 - $1,000	
CONAGRA INCORPORATED	$1,001 - $15,000	Dividends	$1 - $200	P
GTE CORPORATION	$15,001 - $50,000	Dividends	$201 - $1,000	
PHILIP MORRIS COMPANIES, INC.	$1,001 - $15,000	Dividends	$1 - $200	P
ROYAL DUTCH PETROLEUM CO.	$15,001 - $50,000	Dividends	$1,001 - $2,500	
THE WILLIAMS COMPANIES, INC. DELAWARE	$1,001 - $15,000	Dividends	$1 - $200	
SPIEKER PROPERTIES INCORPORATED	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
ALLIANCE PREMIER GROWTH FD CL A	$1,001 - $15,000	Dividends	None	P
CASH ACCOUNT	$1 - $1,000	Dividends	None	
CORNING INCORPORATED	None	Dividends	$1 - $200	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	FIRST CHICAGO NBD CORPORATION	None	Dividends	$201 - $1,000	Merged With Bank One Corp
	HIGHWOOD PROPERTIES INC.	None	Capital Gains and Dividends	$201 - $1,000	S
	MICROSOFT CORP PREF SERIES A	None	Dividends	$1 - $200	S
	NATIONSBANK CORPORATION	None	Dividends	$201 - $1,000	Name Changed to BankAmerica
	PRENTISS PROPERTIES TRUST	None	Capital Gains and Dividends	$201 - $1,000	S
	TIMKEN COMPANY	None	Dividends	$1 - $200	P AND S
	ALYDAAR SOFTWARE CORPORATION	None	Dividends	None	P AND S
	GENERAL SEMICONDUCTOR INC.	None	Dividends	None	S
	PHILIPS ELECTRONICS N.V.	None	Dividends	None	P AND S
	FPA PARAMOUNT FUND	None	Dividends	None	S
	WSMP, INC.	None	Dividends	None	Spin-Off Fresh Foods
SP	ALCATEL ADS	$1,001 - $15,000	Dividends	None	
SP	ARCHER DANIELS MIDLAND	$1,001 - $15,000	Dividends	$1 - $200	
SP	BANKAMERICA CORP NEW	$1,001 - $15,000	Dividends	$1 - $200	Name Changed From Nations Bank
SP	BB&T CORP	$1,001 - $15,000	Dividends	$1 - $200	
SP	BANK OF GRANITE	$100,001 - $250,000	Dividends	$1,001 - $2,500	
SP	BRAZIL FUND	$1,001 - $15,000	Dividends	$1,001 - $2,500	
SP	DIAMOND OFFSHORE DRILLING INC.	$1,001 - $15,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	FRESH FOODS INC.	$1.001 - $15.000	Dividends	None	Spin-Off From WSMP, Inc
SP	WR GRACE & CO NEW DELA	$15.001 - $50.000	Dividends	None	E
SP	JEFFERSON PILOT CORP	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	MOTOROLA, INC.	$15.001 - $50.000	Dividends	$1 - $200	
SP	NCR CORPORATION	$1 - $1.000	Dividends	None	
SP	PEPSICO, INC.	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	PIEDMONT NATURAL GAS, NC	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	SCHERING PLOUGH CORP	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	SEALED AIR CP NEW	$50.001 - $100.000	Dividends	$1.001 - $2.500	E
SP	TEXTRON INC.	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	TIMKEN COMPANY	$1.001 - $15.000	Dividends	$201 - $1.000	
SP	TRICON GLOBAL REST INC.	$1.001 - $15.000	Dividends	None	
SP	WENDY'S INTL	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	WILLIAMS CO INC.	$15.001 - $50.000	Dividends	$201 - $1.000	
SP	SEALED AIR SERIES A	$50.001 - $100.000	Dividends	None	E
SP	DW ACTIVE ASSETS MONEY TRUST	$100.001 - $250.000	Dividends	$5.001 - $15.000	
SP	CATAWBA CNTY NC HOSP 5.2% BOND	$1.001 - $15.000	Interest	$201 - $1.000	
SP	MANATEE CNTY WATER SEWER 6.1% BOND	$1.001 - $15.000	Interest	$201 - $1.000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	FORSYTH CNTY NC LAW 4.75% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	NC MUNI PWER AGY 4.9% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	MECKLENBURG CNTY 5.75% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	MOORE CNTY NC GEN 4.75% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	CHARLOTTE NC GEN 5.5% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	NC MUN PWR AGY-1 4.1% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	FAYETTEVILLE NC PUB WKS 4.6% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	CABARRUS CNTY NC GEN 4.5% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	MANATEE CNTY FL WATER 9.3% BOND	$1,001 - $15,000	Interest	$201 - $1,000	
SP	DURHAM CNTY NC GEN 5.2% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	
SP	CHARLOTTE NC PUB IMPRV. 5.3% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	MOUNT AIRY NC GEN 4.9% BOND	$15,001 - $50,000	Interest	$201 - $1,000	
SP	NC MED CARE COMM 5% BOND	$50,001 - $100,000	Interest	$2,501 - $5,000	P
SP	NC MED CAR COMM 5.5% BOND	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	FORSYTH CO NC CTFS 5% BOND	$15,001 - $50,000	Interest	None	P
SP	US TREAS. NOTE 8.5%	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	US TREAS. NOTE 9.125%	$1,001 - $15,000	Interest	$201 - $1,000	
SP	GNMA POOL 8% BOND	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	PHOENIX MIDCAP PFT CL A	$15,001 - $50,000	Dividends	None	
SP	AIM LAT AMERICAN GRWTH A	$15,001 - $50,000	Dividends	$201 - $1,000	Spin-Off From GT Latin Amer Gwth Fd
SP	UNIT NUVEEN MUNI NATL LT 108 SPS	$1,001 - $15,000	Interest	$1 - $200	
SP	UNIT NUVEEN MUNI NATL LT 183 QPS	$1 - $1,000	Interest	$1 - $200	
SP	UNIT KEMPER TAX EX INCOME TRUST	$1,001 - $15,000	Interest	$201 - $1,000	
SP	UNIT GSIF GOVT US TRSY 1 MPS	$1,001 - $15,000	Interest	$201 - $1,000	
SP	CORNING INC.	None	Dividends	None	S
SP	NC MUN PWR AGY 1 4.2% BOND	None	Interest	None	S
SP	NC EASTN MUN PWR 4.5% BOND	None	Interest	None	S
SP	GT GLOBAL LATIN AMERICA GROWTH FD-A	None	Dividends	None	Spin Off - AIM Latin America Fd
SP	JC BRADFORD IRA	$50,001 - $100,000	N/A	NA	
SP	OAK PLANTATION K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	
	OAK PLANTATION K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	
	AAI/FOREST HILLS	None	Partnership - N/A	None	
	AAI/FOUR SEASONS	None	Partnership - N/A	None	
	DYCO OIL & GAS 1992-1, 1983-1, 1981-2, 1984-1	$1 - $1,000	Partnership - N/A	$1 - $200	
SP	MCNEIL REAL ESTATE FD K-1	$1 - $1,000	Partnership - N/A	$201 - $1,000	
SP	MAJCO LIQUIDATING TRUST	None	N/A	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	QUALIFIFED PENSION IRA	None	N/A	NA	
	CONGRESSIONAL FEDERAL CREDIT UNION	$15,001 - $50,000	Interest	None	
SP	BANK OF GRANITE	$15,001 - $50,000	Interest	$201 - $1,000	
	BANK OF GRANITE	None	Interest	None	CLOSED ACCOUNT
	NATIONSBANK	$1,001 - $15,000	Interest	$1 - $200	
	NATIONSBANK	$1,001 - $15,000	Interest	$1 - $200	
JT	JORDAN BRIDGE - LOAN	$1,001 - $15,000	Interest	$201 - $1,000	
JT	MARK WEAVER - LOAN	$1,001 - $15,000	Interest	$201 - $1,000	
	PLASTIC PACKAGING - INC.	$5,000,001 - $25,000,000	Dividends	$50,001 - $100,000	
SP	PLASTIC PACKAGING - INC.	$250,001 - $500,000	Dividends	$2,501 - $5,000	
	PLASTIC PACKAGING ESOP	$100,001 - $250,000	N/A	NA	
	MEDTECH	$1 - $1,000	Dividends	None	
	RAYMOND JAMES IRA (BRANDES)	$100,001 - $250,000	N/A	NA	
	RAYMOND JAMES IRA	$100,001 - $250,000	N/A	NA	
	RAYMOND JAMES IRA	$250,001 - $500,000	N/A	NA	
SP	CRESCENT STATE BANK	$1,001 - $15,000	Dividends	None	P
SP	AT&T CORP	$50,001 - $100,000	Dividends	$201 - $1,000	
SP	AIRTOUCH COMMUNICATIONS INC.	$1,001 - $15,000	Dividends	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	ALAMANCE NATIONAL BANK	$1 - $1,000	Dividends	None	P
SP	AMERITECH CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	AMOCO CORP	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	ANHEUSER BUSCH COMPANIES	$250,001 - $500,000	Dividends	$2,501 - $5,000	
SP	BELL ATLANTIC CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	BELLSOUTH CORP	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	CAROLINA FIRST BANCSHARES, INC.	$15,001 - $50,000	Dividends	$1 - $200	
SP	CATAWBA VALLEY BANK	$15,001 - $50,000	Dividends	None	P
SP	CITIGROUP, INC.	$100,001 - $250,000	Dividends	$201 - $1,000	Spin Off From Travelers Group
SP	CORRECTIONS CORP OF AMERICA	$1,001 - $15,000	Dividends	None	
SP	EARTHGRAINS CO.	$1,001 - $15,000	Dividends	$1 - $200	
SP	FIRST SAVINGS BANCORP	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	FIRST WESTERN BANK	$1,001 - $15,000	Dividends	None	P
SP	GTE CORP	$100,001 - $250,000	Dividends	$2,501 - $5,000	
SP	GENERAL ELECTRIC CO.	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	LUCENT TECHNOLOGIES, INC.	$50,001 - $100,000	Dividends	$1 - $200	
SP	MEDIAONE GROUP, INC.	$1,001 - $15,000	Dividends	None	P
SP	SBC COMMUNICATIONS, INC.	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	US WEST INC. NEW	$1.001 - $15.000	Dividends	$201 - $1.000	Merger Between US West Comm & US West Media
SP	CHARLOTTE-MECK HOSP AUTH, DUE 1/15/22	$15.001 - $50.000	Interest	$201 - $1.000	
SP	NC MUNI PWR AGY, 6.5% BOND	$1.001 - $15.000	Interest	$201 - $1.000	
SP	NC MUNI PWR AGY #1, 6.5% BOND	$50.001 - $100.000	Interest	$1.001 - $2.500	
SP	NEWTON NC SAN SWR	$1.001 - $15.000	Interest	$201 - $1.000	
JT	BRADFORD MONEY FUND	$50.001 - $100.000	Dividends & Interest	$1.001 - $2.500	P
SP	TRAVELERS GROUP INC	None	Dividends	$201 - $1.000	Spin Off Citigroup Inc.
SP	WSMP, INC.	None	Dividends	None	Spin Off Fresh Foods

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	*Mega Corporation Common Stock*	*Purchase*	*10/12/1998*	*$15,001 - $50,000*
JT	RENTAL HOUSE - YORKLAND ROAD	Sold	8/21/98	$50,001 - $100,000
	KATHY KAY #1-H WELL	Sold	12/10/98	$1,001 - $15,000
	GENERAL INSTRUMENT CORPORATION	Purchase	12/14/98	$1,001 - $15,000
	INGERSOLL-RAND COMPANY	Purchase	12/28/98	$1,001 - $15,000
	MARTIN MARIETTA MATERIALS INC.	Purchase	6/10/98	$1,001 - $15,000
	RUBBERMAID INC.	Purchase	8/31/98	$1,001 - $15,000
	TYCO INTERNATIONAL LIMITED	Purchase	10/20/98	$1,001 - $15,000
	LUCENT TECHNOLOGIES, INC.	Purchase	12/14/98	$15,001 - $50,000
	WALGREEN COMPANY	Purchase	12/14/98	$15,001 - $50,000
	APPLE COMPUTER INC.	Purchase	12/28/98	$1,001 - $15,000
	CONAGRA, INC.	Purchase	8/10/98	$1,001 - $15,000
	PHILIP MORRIS COMPANIES, INC.	Purchase	6/16/98	$1,001 - $15,000
	CORNING INCORPORATED	Sold	7/8/98	$1,001 - $15,000
	HIGHWOODS PROPERTIES, INC.	Sold	12/14/98	$1,001 - $15,000
	MICROSOFT CORP. PREF SERIES A	Sold	7/17/98	$15,001 - $50,000
	PRENTISS PROPERTIES TRUST	Sold	12/14/98	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	TIMKEN COMPANY	Sold	12/14/98	$1,001 - $15,000
	TIMKEN COMPANY	Purchase	8/5/98	$1,001 - $15,000
	ALYDAAR SOFTWARE CORP.	Purchase	7/8/98	$1,001 - $15,000
	ALYDAAR SOFTWARE CORP.	Sold	8/5/98	$1,001 - $15,000
	GENERAL SEMICONDUCTOR INC.	Sold	7/8/98	$1,001 - $15,000
	PHILIPS ELECTRONICS N.V.	Sold	12/14/98	$1,001 - $15,000
	PHILIPS ELECTRONICS N.V.	Purchase	7/17/98	$15,001 - $50,000
	ALLIANCE PREMIER GROWTH FUND	Purchase	11/4/98	$1,001 - $15,000
	FPA PARAMOUNT FUND INC.	Sold	11/4/98	$1,001 - $15,000
SP	WR GRACE & CO NEW DELA	Exchange	4/9/98	$15,001 - $50,000
SP	SEALED AIR CP NEW	Exchange	4/9/98	$50,001 - $100,000
SP	SEALED AIR SERIES A	Exchange	4/9/98	$50,001 - $100,000
SP	NC MED CARE 5% BOND	Purchase	1/21/98	$50,001 - $100,000
SP	NC EASTN MUNI 4.5% BOND	Sold	1/2/98	$15,001 - $50,000
SP	NC MUNI PWR AGY 1 4.2% BOND	Sold	1/2/98	$15,001 - $50,000
SP	FORSYTH CO NC CTFS 5% BOND	Purchase	10/8/98	$50,001 - $100,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	AIM LATIN AMERICAN GRWTH A	Spin-Off From GT Global Lat Amer	12/16/98	$1,001 - $15,000
SP	CORNING INC.	Sold	7/13/98	$15,001 - $50,000
	ESPERANCE POINT #1-H WELL	Purchase	12/1/98	$1,001 - $15,000
	RUNNING DUKE #1-H WELL	Purchase	12/1/98	$1,001 - $15,000
	SCARMARDO #1-H WELL	Purchase	12/1/98	$1,001 - $15,000
	NATIONS BANK CORP	Name Change - Bank America	12/1/98	$15,001 - $50,000
SP	GT GLOBAL LATIN AMERICA GROWTH FUND	Spin-Off Aim Latin Amer Gwt	1/1/98	$15,001 - $50,000
SP	MAJCO LIQUIDATING TRUST	Sold	1/1/98	$1,001 - $15,000
	BANK OF GRANITE	Closed Account	1/1/98	$1,001 - $15,000
	BANKAMERICA CORP	Name Changed From Nations Bank	12/1/98	$15,001 - $50,000
SP	BANKAMERICA CORP	Name Changed From Nations Bank	12/1/98	$1,001 - $15,000
	BEST FOODS	Spin-Off From CPC Intl	1/1/98	$15,001 - $50,000
	CPC INTL	Spin-Off Best Foods	1/1/98	$15,001 - $50,000
	FRESH FOODS	Spin-Off From WSMP, Inc.	1/1/98	$1,001 - $15,000
	WSMP, INC.	Spin-Off Fresh Foods	1/1/98	$1,001 - $15,000
SP	FRESH FOODS	Spin-Off From WSMP, Inc.	1/1/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	*Mega Corporation Common Stock*	Purchase	10/12/1998	$15,001 - $50,000
SP	WSMP, INC.	Spin-Off Fresh Foods	1/1/98	$1,001 - $15,000
SP	CRESCENT STATE BANK	Purchase	12/1/98	$1,001 - $15,000
SP	ALAMANCE NATIONAL BANK	Purchase	6/30/98	$1,001 - $15,000
SP	CATAWBA VALLEY BANK	Purchase	12/25/98	$15,001 - $50,000
SP	CITIGROUP, INC.	Spin-Off From Travelers Group	11/1/98	$100,001 - $250,000
SP	FIRST WESTERN BANK	Purchase	6/30/98	$1,001 - $15,000
SP	US WEST INC. NEW	Merger	1/1/98	$1,001 - $15,000
JT	BRADFORD MONEY FUND	Purchase	1/1/98	$50,001 - $100,000
SP	TRAVELERS GROUP, INC.	Spin-Off Citigroup, Inc.	11/1/98	$100,001 - $250,000
	FIRST CHICAGO NBD CORP	Merger With Bank One	10/31/98	$15,001 - $50,000

Name THOMAS CASS BALLENGER	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name Thomas Cass Ballenger | Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. **Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.**
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
PLASTIC PACKAGING, INC.	MARCH 13-16	WASH., D.C. - HICKORY, NC-WASH., D.C.	N	N	Y	N
PLASTIC PACKAGING, INC.	JUNE 5-8	WASH., D.C.-HICKORY,NC-WASH., D.C.	N	N	Y	N

Name THOMAS CASS BALLENGER	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
CHAIRMAN OF THE BOARD	PLASTIC PACKAGING, INC.
LIMITED PARTNER	ASSOCIATED APARTMENT INVESTORS
LIMITED PARTNER	OAK PLANTATION ASSOCIATED, LTD.
LIMITED PARTNER	DYCO PETROLEUM

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
JANUARY 15, 1998	SEE ATTACHED LETTER	EARNED INCOME EXEMPTION

CASS BALLENGER
10TH DISTRICT, NORTH CAROLINA
DEPUTY MAJORITY WHIP
REPUBLICAN STEERING COMMITTEE

COMMITTEE ON EDUCATION AND THE WORKFORCE
SUBCOMMITTEE ON WORKFORCE PROTECTIONS (CHAIRMAN)
EMPLOYER-EMPLOYEE RELATIONS

INTERNATIONAL RELATIONS COMMITTEE
SUBCOMMITTEE ON WESTERN HEMISPHERE
SUBCOMMITTEE ON INTERNATIONAL OPERATIONS AND HUMAN RIGHTS

Congress of the United States
House of Representatives
Washington, DC 20515–3310

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202-225-3576
cass.ballenger@mail.house.gov

DISTRICT OFFICES:
P.O. BOX 1830
381-10TH AVENUE DRIVE, NE
HICKORY, NC 28603
704-327-8100
1-800-477-7578 TOLL FREE

P.O. BOX 1881
2554 LEWISVILLE-CLEMMONS ROAD
SUITE 107
CLEMMONS, NC 27012
910-766-9455

January 15, 1998

The Honorable James V. Hansen
Chairman
Committee On Standards of Official Conduct
HT2 Capitol
Washington, D. C. 20515

Dear Mr. Chairman:

I am writing to request clarification on the rules governing outside earned income as it relates to a consulting fee I currently receive from my company (see attached letters and replies), as well as a new fringe benefit my company has agreed to offer to me.

As you can see from the attached letters, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my prinicpal family investment, and I view it important to remain associated with the business to assure that my investment is protected. In previous reponses from the Committee, this annual amount has not been counted as outside earned income for the purposes of the limitation in Rule XLVII.

Now, in recognition of the services I provide to my company, it has agreed to sponsor a life insurance benefit for me. The life insurance benefit consists of life insurance on my life alone, and life insurance that matures upon the death of the survivor of myself and my wife, Donna. The life insurance benefit is structured under what is known as a Split-Dollar Plan.

The economic benefit that is represented by the life insurance under the Split-Dollar Plan will be reported as income for tax purposes. The value of the benefit for 1997 is approximately $9,500. Given the earlier determination by the Committee as it relates to the $20,000 consulting fee, may I accept the $9,500 without violating the outside earned income limitation of $20,040? I would appreciate advice relative to this matter for calendar year 1997 and beyond.

If you have questions or need clarification on any point, please call me or have your staff

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contact my Chief-of-Staff, Patrick Murphy, at 52576. Thank you for your prompt attention to this matter.

Sincerely,

Cass

CASS BALLENGER
Member of Congress

CB:pm

Enclosures (3)

JAMES V. HANSEN, UTAH
CHAIRMAN

LAMAR SMITH, TEXAS
JOEL HEFLEY, COLORADO
BOB GOODLATTE, VIRGINIA
JOE KNOLLENBERG, MICHIGAN

HOWARD L. BERMAN, CALIFORNIA
RANKING DEMOCRATIC MEMBER

MARTIN OLAV SABO, MINNESOTA
ED PASTOR, ARIZONA
CHAKA FATTAH, PENNSYLVANIA
ZOE LOFGREN, CALIFORNIA

SUITE HT-2, THE CAPITOL
(202) 225-7103

ONE HUNDRED FIFTH CONGRESS

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515–6328

February 20, 1998

FEB 25 1998

The Honorable Cass Ballenger
U.S. House of Representatives
2182 Rayburn House Office Building
Washington, DC 20515

Dear Colleague:

This responds to your letter of January 15, 1998 regarding your earned income from Plastic Packaging, Inc., a company that you founded and in which you have the controlling interest. In substance, the question posed in your letter is whether you may accept from the company, in addition a $20,000 per year consulting fee, a life insurance benefit that the company is sponsoring for you in recognition of your services to the company. Your letter states that the benefit is structured under a Split-Dollar Plan, the economic benefit of which is reported as income for tax purposes, and that the value of the benefit for 1997 is approximately $9,500.

As your letter recognizes, while the outside earned income of Members and senior staff is limited by both statute and House rule[1], clause 4(e) of House Rule 47 explicitly excepts a number of items from the definition of the term "outside earned income," and hence from the outside earned income limitation. One part thereof, clause 4(e)(4), provides an exception for income from a family business in the following circumstances:

> in the case of a Member, officer or employee engaged in a trade or business in which the individual or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such individual so long as the personal services actually rendered by the individual in the trade or business do not generate a significant amount of income.

Thus this provision excepts from the outside earned income limit amounts that a Member receives from a business where three requirements are satisfied: (1) the Member or his family holds a controlling interest in the business, (2) the nature of the business is such that both personal services and capital are income-producing factors, and (3) the personal services that the Member renders for the business are of a nature that they do not generate a significant amount of money. The intent of this provision, as reflected in the report of the House Commission on Administrative Review, was that,

[1] 5 U.S.C. app. 4 §501(a); House Rule 47, cl. 1(a).

> Members should be able to render personal services to manage or protect their equity in a family trade or business without having to allocate these personal services toward the 15-percent limitation.

H.Doc. 95-73, 95th Cong., 1st Sess. (Feb. 14, 1977).

In letters to you of February 25, 1987 and October 27, 1990, copies of which you attached to your current letter, the Committee determined the provision's requirements were satisfied with regard to Plastic Packaging and the consulting services (of up to 400 hours per year) that you render for the company, and that hence the $20,000 per year fee that you receive for those services would not be counted toward the outside earned income limit.[2] Both of those letters reflected the Committee's view that your limited efforts in behalf of the company appeared to be aimed at preserving your equity in the company, consistent with the intent of the provision, rather than generating income for the company.

The Committee understands from your current letter that you continue to have the controlling interest in Plastic Packaging. In view of the Committee's prior determinations regarding your consulting fee from the company, the economic benefit of the Split-Dollar Plan life insurance that the company is sponsoring for you, as described in your letter, likewise need not be counted as outside earned income for purposes of the outside earned income limit – provided, however, that there has been no significant change since 1990 in either the nature of the business of Plastic Packaging, or the nature or level of the services that you render for the company. If any such changes have occurred, you should contact the Committee for further advice. Otherwise, the economic benefit of the life insurance, like your consulting fee, should be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

James V. Hansen
Chairman

Howard L. Berman
Ranking Democratic Member

---

[2] The Committee's letter of October 27, 1990 also reflected the Committee's determination that the consulting fee you receive from the company does not violate the "fiduciary relationship" provisions of the Ethics in Government Act and the House rules that took effect of January 1, 1991. 5 U.S.C. app. 4 §502(a); House Rule 47, cl. 2.

10th District, North Carolina
218 Cannon House Office Building
Washington, DC 20515
202-225-2576

COMMITTEES
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

261-107A Arlington Street
Hickory, NC 28601
704-327-4108

P.O. Box 978
418 South Street
Cherryville, NC 28021
704-435-4822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honoraliums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cass Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

ONE HUNDRED FIFTH CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
HC FLORO, CALIFORNIA
EDWARD J. MARKEY, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

CHARLES H. TAYLOR, NORTH CAROLINA, VICE CHAIRMAN
THOMAS J. ROSE, NORTH CAROLINA
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTTER, CHIEF COUNSEL

U.S. House of Representatives

Committee on Standards of Official Conduct

Suite HC-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include—

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not —

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $10,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVIII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JD:MJD

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 2:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
HC
(Office Use Only)

Hon. James A. Barcia
(Full Name)

2419 Rayburn HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone (202) 225-8171

Filer Status					
	X	Member of the U.S. House of Representatives	State: MI District: 05		Officer or Employee
Report Type	X	Annual (May 15)			Amendment
		Termination	Termination Date		

Employing Office

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL James A. Barcia

DATE (Month/Day/Year) May 14, 1999

Name Hon. James A. Barcia | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not self-directed*, name the institution holding the account and provide its value at the end of the reporting year **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Citizens Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Michigan Employee Retirement System	$50,001 - $100,000	Retirement	None	
Michigan Deferred Compensation Plans	$1,001 - $15,000	Retirement	None	
Michigan National Bank Accounts	$15,001 - $50,000	Interest	$201 - $1,000	
40 acres Bordaux Road, Standish, Michigan	$15,001 - $50,000	Property	None	
JT Copco Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
JT Comerica Inc. - Stocks	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Fahne Stock Prime Cash Series	$1,001 - $15,000	Dividends	$1 - $200	
JT	Immunex - Stocks	$1,001 - $15,000	Dividends	None	P
JT	Riegel Energy Corporation - Stock	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
JT	Total {Petroleum North America Stock, Ltd.	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
JT	Washington Mutual Investors	$1,001 - $15,000	Dividends	$1 - $200	P

Name Hon. James A. Barcia	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Immunex - stock	Purchase	02/10/98	$1,001 - $15,000
JT	Riegel Energy Corporation - stock	Sold	02/10/98	$1,001 - $15,000
JT	Total Petroleum North America Stock, Ltd.	Sold	02/10/98	$1,001 - $15,000
JT	Washington Mutual Investors	Purchase	02/11/98	$1,001 - $15,000

Name Hon James A Barcia	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Safari Club International	01/29/98-02/03/98	Saginaw - Reno, NV - Washington - transportation at own expense	Y	Y	Y	Yes - two days

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 10 PM 1:32

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

BOB BARR
(Full Name)

1207 LONGWORTH HOB
(Mailing Address)

WASHINGTON 20515

202/225-2931
Daytime Telephone

Filer Status	☒ Member of the U.S. House of Representatives	State GA District 07	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL	**DATE** (Month/Day/Year) 5/18/99

Name BOB BARR | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	COBB FAMILY RESOURCES, MARIETTA, GA	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB BARR | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples:	SP Mega Corp. Stock					X								X																	P
		Simon & Schuster			Indefinite																Royalties											
		1st Bank of Paducah, KY accounts						X									X									X						
	IRA, SUNTRUST					X											X									N/A						
JT	CHKG. ACCT., SUNTRUST				X												X						X									
SP	CR. UNION, C-MAR			X													X						X									
SP	ANNUITY, LINCOLN-LIFE					X											X									N/A						
SP	IRA, LINCOLN-LIFE				X												X									N/A						
SP	IRA, LINCOLN-LIFE					X											X									N/A						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB BARR

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	P, S, E
JT	CR. UNION, CONGRESSIONAL			X												X						X										

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Name BOB BARR | Page 5 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	CONGRESSIONAL CREDIT UNION	CREDIT CARD LOANS		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Conservative Caucus Foundation		Jan 18-21	Atlanta - Miami - Panama - Miami - Atlanta	Y	Y	Y	
Council for National Policy		Feb 5-6	WashDC - Atlanta - Phoenix - Atlanta	Y	Y	N	
Plum Borough Republicans, Monroeville, PA		March 6-7	Atlanta - Pittsburgh - Atlanta	Y	N	N	
Yale University		April 15-16	Atlanta - New Haven - Atlanta	Y	N	N	
John Birch Society		April 17-19	Atlanta - Los Angeles - Atlanta	Y	Y	Y	
Texas Review of Law and Politics		April 25-26	Atlanta - Austin - Atlanta	Y	Y	Y	
Council of Conservative Citizens		June 6	Atlanta - Charleston - Atlanta	N	N	N	
National Rifle Association		June 6-9	Atlanta - Philadelphia - Washington	Y	Y	Y	
Commonwealth Club		June 19	Richmond - Atlanta	N	N	N	
Christian Coalition		July 8-9	Atlanta - Savannah - Atlanta	Y	Y	N	
Fox News		July 18-19	Atlanta - Wash D.C. - Atlanta	Y	Y	N	
Fox News		Aug 1-2	Atlanta - WashDC - Atlanta	Y	Y	N	
Montel Williams		Sep. 13	Atlanta - WashDC - Atlanta	N	N	N	
American Forum		Sep 14	Atlanta - Miami - Wash DC	N	N	N	

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NBC	Sept. 19-20	Atlanta- Wash. DC- Atlanta	Y	Y	Y	
	National Rifle Association	Sept. 26	Wash DC- Atlanta	N	N	N	
	Campaign of Mike Turzai	Oct. 17-18	Atlanta- Pittsburgh- Atlanta	Y	Y	N	
	500 Club	Oct. 21-22	Atlanta- New York- Atlanta	Y	Y	N	
	Alaska Republican Party	Oct. 23-25	Atlanta- Alaska- Atlanta	Y	Y	N	
	Free Republic	Oct. 31	Atlanta- Wash. D.C	N	N	N	
	National Rifle Association	Oct. 31-Nov 1	Atlanta- New York- Atlanta	Y	Y	N	
	Citizens for a Sound Economy	Nov. 12	Atlanta- Wash. D.C. - Atlanta	N	N	N	
	Young America's Foundation	Dec. 4	Atlanta- Wash. D.C.	N	N	N	
	Patrick Henry Group	Dec. 5-6	Wash D.C - Cleveland, OH - Atlanta	Y	Y	N	
	National Rifle Association	Apr. 27-29	Atlanta - Vienna, Austria - Wash. DC	Y	Y	N	

This page may be copied if more space is required.

Name BOB BARR	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	NATIONAL RIFLE ASSN. OF AMERICA
BOARD MEMBER	FEDERALIST SOCIETY ADVISORY BOARD, ATLANTA
BOARD MEMBER	WASHINGTON LEGAL FDTN., NATL. ADVISORY BOARD
PRESIDENT	THE BARR LAW FIRM, INACTIVE P.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 PM 4:32
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

(13)

Thomas M. Barrett
(Full Name)

1214 Longworth House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone 202-225-3571

Filer Status: [X] Member of the U.S. House of Representatives — State WI, District 05 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas M. Barrett

DATE (Month/Day/Year): May 15, 1999

Name	Page
Thomas M. Barrett	2 of 13

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A Congressional Salary Sole Source of Earned Income		

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas M. Barrett | Page 7 of 15

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
N/A			

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Stable Value Fund (formerly Gr. West. Life) (Dfrd. Comp.)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Vanguard Inst. Index (Dfrd. Comp.)	$15,001 - $50,000	Dividends, Cap Gains	$5,001 - $15,000	
	Janus Fund (Dfrd. Comp.)	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	DFA US 9-10 Small Co. (Dfrd. Comp.)	$1,001 - $15,000	None	None	
	Fidelity Contra Funds (Dfrd. Comp.)	$15,001 - $50,000	Capital Gains	$5,001 - $15,000	
DC	Southern Company Stock (son Tom's stock)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Southern Company Stock (daughter Anne's stock)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	
DC	Southern Company Stock (daughter Erin's)	$1,001 - $15,000	Dividends, Cap. Gains	$201 - $1,000	
	Equivest Fund Traditional IRA	$15,001 - $50,000	None	None	
	Equivest Fund Roth IRA (Tom)	$1,001 - $15,000	Interest	$201 - $1,000	P
SP	Equivest Fund Roth IRA (wife's)	$1,001 - $15,000	Interest	$201 - $1,000	P
	American Funds Group Mutual Fund	$15,001 - $50,000	Dividends, Cap. Gains	$2,501 - $5,000	Purchased (part)
	Coherent Communications System Stock	None	Capitol Gains	$5,001 - $15,000	S
	Hughes Supply, Inc Stock	None	Capital Gains	$201 - $1,000	S
SP	Aetna Annuity (wife's)	$1,001 - $15,000	Interest	$201 - $1,000	
	Wisconsin Retirement System (separation value) (income estimated)	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Educators Credit Union Certificate of Deposit	$15,001 - $50,000	Dividends	$201 - $1,000	
	Educators Credit Union Money Market Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	A D C Telecomm Inc. Stock	$1,001 - $15,000	Capital Gains	$201 - $1,000	
	Bone Care Intl. Inc. Stock	$1,001 - $15,000	Capital Gains	$201 - $1,000	P
	Cisco Systems Inc. Stock	$1,001 - $15,000	Dividends, Cap. Gains	$2,501 - $5,000	P
	Intl. Business Machine Corp. Stock	$1,001 - $15,000	Dividends, Cap. Gains	$2,501 - $5,000	P
	Norstan Inc. Stock	$1,001 - $15,000	Capital Gains	None	P
	Saville Sys. Plc. Adr. E Stock	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	P

Name Thomas M. Barrett | Page 6 of 13

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Tellabs Inc. Stock	$1,001 - $15,000	Capital Gains	$2,501 - $5,000	
SP	Wisconsin Retirement System (wife's)	$15,001 - $50,000	Interest	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Accustaff Inc	Purchase	6-1-98	$1,001 - $15,000
	Accustaff Inc	Sold	8-18-98	$1,001 - $15,000
	Analysts Intl Corp Stock	Purchase	8-12-98	$1,001 - $15,000
	Analysts Intl Corp Stock	Sold	10-13-98	$1,001 - $15,000
	Cytyc Corp Stock	Sold	4-16-98	$1,001 - $15,000
	Interim Services Inc Stock	Sold	9-8-98	$1,001 - $15,000
	Kent Electronics Corp Stock	Purchase	5-6-98	$1,001 - $15,000
	Kent Electronics Corp Stock	Purchase	6-1-98	$1,001 - $15,000
	Kent Electronics Corp Stock	Sold	8-12-98	$1,001 - $15,000
	Boeing Inc Stock	Sold	6-1-98	$1,001 - $15,000
	Cinn Bell Inc Stock	Sold	8-18-98	$1,001 - $15,000
	Cinn Bell Inc Stock	Sold	9-9-98	$1,001 - $15,000
	Coherent Communications Systems Stock	Sold	6-17-98	$1,001 - $15,000
	Coherent Communications Systems Stock	Sold	6-30-98	$1,001 - $15,000
	Hughes Supply Inc Stock	Sold	6-1-98	$1,001 - $15,000
	Artesyn Technologies Inc Stock	Sold	10-16-98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Equivest Fund Roth IRA (Tom)	Purchase	3-25-98	$1,001 - $15,000
SP	Equivest Fund Roth IRA (wife's)	Purchase	3-26-98	$1,001 - $15,000
	American Funds Group Mutual Fund	Purchase	3-27-98	$1,001 - $15,000
	Bone Care Intl Inc Stock	Purchase	11-10-98	$1,001 - $15,000
	Cisco Systems Inc Stock	Purchase	7-13-98	$1,001 - $15,000
	Intl Business Mach Corp Stock	Purchase	9-9-98	$1,001 - $15,000
	Norstan Inc Stock	Purchase	8-18-98	$1,001 - $15,000
	Saville Sys Plc Adr E Stock	Purchase	10-16-98	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child
amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	N/A		

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar. 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
N/A			N	N	N	

Name Thomas M. Barrett	Page 12 of 13

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
N/A	

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES.
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WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
(Mailing Address)

308-324-6044
Daytime Telephone

LEXINGTON, NE 68850

Filer Status	[X] Member of the U.S. House of Representatives	State: NEBRASKA District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William E. Barrett

DATE (Month/Day/Year): 5/14/99

Name WILLIAM BARRETT | Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500

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Name WILLIAM BARRETT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*																														
SP	Mega Corp Stock					X								X										X							P
	Simon & Schuster			Indefinite																Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
	COMMERCIAL LOT-9TH & LINCOLN LEXINGTON, NE 68850				X																										
	COTTONWOOD NORTH(50% OF CORP) 2100 N. ADAMS, LEXINGTON, NE								X						X											X					
	BARRETT-HOUSEL,INS (56% OF CORP) LEXINGTON, NE 68850						X								X	X	X									X					

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM BARRETT

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	S B MONEY FUND GOVT FUND	X												X								X										
	FIDELITY ADVISOR SER II GRTH	X												X										X								
	RIGGS NATIONAL		X													X						X										
	APPLIED MATERIALS, INC.			X										X								X										
	METALCLAD CORP.		X											X							X											
	GENERAL MOTORS-STOCK			X										X									X									
	ZOOM TELEPHONICS, INC.		X											X							X											
	KANSAS NEBRASKA-STOCK			X										X									X									
	ELECTRONIC DATA SYSTEMS-STK	X												X								X										
	GM HUGHES ELECTRONIC-STK	X												X							X											
	LEXINGTON, NE-BOND			X												X							X									
	NEBRASKA PUBLIC POWER-BOND		X													X							X									
	OMAHA PUBLIC POWER-BOND		X													X						X										
	INTEL CORP.-STOCK		X											X								X										
	LANCASTER, NE-BOND			X												X						X										
	AIM VALUE FUND		X											X									X									
	MCI CAPITAL			X										X								X										
	WASHINGTON MUTUAL			X										X										X								
	NEBRASKA INVESTMENT FINANCE BOND			X												X							X									
	JOHNSON AND JOHNSON		X											X							X											
	SOUTHERN CO CAP III		X											X							X											
	MORGAN STANLEY MMA			X												X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	OLDE DISCOUNT MMA			X												X						X										
	AMERICAN HOME PRODUCTS		X											X								X										
	UNIT 1ST		X											X								X										
	PUTNAM GROWTH & INCOME			X										X									X									

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM BARRETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
	LANCASTER CO NEBR. SCHOOL BONDS		X		01/15/98	X									
	OMAHA PUBLIC POWER		X		02/02/98	X									
	FIRST TR TARGET		X		03/05/98	X									
	MCDONALDS		X		05/15/98	X									
	FT DJIA TARGET 5 TR	X			03/02/98	X									
	WASHINGTON MUTUTAL	X			02/17/98	X									
	FIDELITY ADVISORS SER II GROWTH	X			07/20/98	X									

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Name	WILLIAM BARRETT	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	UNITED NEBRASKA BANK, LEXINGTON, NE	MORTGAGE ON COTTONWOOD APTS					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Anti-Defamation League		Jan 3-12	Omaha, NE - Israel - Omaha	Y	Y	Y	N

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Name	WILLIAM BARRETT	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(Full Name)
Dr, Roscoe G. Bartlett

(Mailing Address)
2412 Rayburn House Office Building
Washington, D.C. 20515

Daytime Telephone
202-225-2721

Filer Status	[X] Member of the U.S. House of Representatives — State: MD District: 6th	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5-14-99

Name	Dr. Roscoe G. Bartlett	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Maryland State Retirement System	Pension	$14,206

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*																															
	SP Mega Corp Stock						X							X																		P
	Simon & Schuster				Indefinite															Royalties												
	1st Bank of Paducah, KY accounts							X								X									X							
	4317 Buckeystown Pike 85.3 acres, Frederick Co. Maryland									X					X											X							
	4317 Buckeytown Pike ~~18.9 acres,~~ Frederick Co. Maryland									X					X											X							
	Congressional Credit Union						X									X								X								
	Putnam Bonds				X											X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dr. Roscoe G. Bartlett

Page 4 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	Lot 49 -Thurmont East .5 acre lot-Thurmont, MD	E: X	Property	I: X	
	Spruce Knob Lake Forest Service Road 153 acres Pocahontas Co. WV w/ ~~two houses~~	F: X	Property	I: X	
	80 acres, Onaway, MI w/ buildings -Six Mile Road	E: X	Property	I: X	
	Mortgage, 8927 Mt. Tabor Road, Middletown, MD Joe Bartlett	E: X	INTEREST	VI: X	
	Precious Metals	D: X	N/A	I: N/A	
	Frederick Co. National Bank-Checking Account	D: X	INTEREST	IV: X	
	Loan to the Campaign	F: X	INTEREST	I: X	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RECEIVED
99 MAY 17 PM 12:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

(Full Name) Joe Linus Barton

(Mailing Address) 2264 Rayburn House Office Building, Washington, D.C. 20515

(Daytime Telephone) (202) 225-2002

Filer Status	[x] Member of the U S House of Representatives — State: Texas District: 6th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joe Barton

DATE (Month/Day/Year): 5/4/99

Name	Joe Burton	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislaiive Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Spire Realty - Dallas, Texas	Spouse Salary	$1,647.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
Jim Barton	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
American Medical Rehabilitation Providers Assoc.	speech	March 6, 1998	$1000
Association of Food Industries Annual Conference	speech	May 1, 1995	$1000
American Preventive Medical Association	speech	May 9, 1995	$1000
American Medical Association	speech	Oct. 19, 1998	$1000
Tower Teaching Fellow in the John Tower Center for Political Studies at Southern Methodist University	special lecture	Oct. 29, 1998	$1000

This page may be copied if more space is required.

Name Joe Barton | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock				X									X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts					X										X																
JT	First National Bank Funds				X											X							X									
Joint	Congressional Federal Credit Union	X	X													X						X										
JT	Congressional Fed Cr Union-Ad. Dep		X													X						X										
JT	Family Business Farm				X									X										X								
JT	Atlantic Richfield Comp. Stock				X									X									X									
JT	Texas Utilities Co Stock			X										X									X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joe Biston

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Walmart Co. Stock				X									X								X										
JT	Reebok Co. Stock			X										X							X											
JT	Southwestern Bell Stock			X										X								X										
JT	Cripple Creek Bonds #1 Co				X										X										X							
JT	Cripple Creek Bonds #2 99				X										X						X											
JT	Vanguard Common Stock				X									X										X								

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SCHEDULE IV — TRANSACTIONS

Name Joe Baton | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		X								
JT	Vanguard Common Stock	X			1-15-98		X								
JT	Apple Creek Condo #99	X			10-2-98		X								

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SCHEDULE V — LIABILITIES

Name Joe Bentzen | Page 7 of 9

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Liberty Lending · Cincinnati/Wilmington, Ohio	Mortgage on Triple Crest Condo Golf Course, Hydes, MD College Station, TX		X								
JT	Liberty Lending First American Mortgage, Texas	Mortgage on Triple Crest Condo Golf Course ~ Oak, MD College Station, TX		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Association of American Railroads	Jan. 17-18	Dallas, Texas - San Diego, CA	Y	Y	Y	N
Medical Device Manufacturers Assoc.	Jan 19-20	Los Angeles, CA - San Francisco, CA - Dallas, Texas	Y	Y	Y	N
Dry Cleaners Association	March 7	Dallas, Texas - Austin, Texas - Dallas, Tx	N	N	N	N
Association of Food Industries	April 20-May 1	D.C. - Tampa, Florida - Dallas, Tx	Y	N	N	N
American Preventive Medical Assoc.	May 8-11	Dallas, Tx - Las Vegas - Wash. D.C.	Y	Y	N	N
American Authorship Institute	Oct. 19-20	Dallas, Tx - Houston, Tx - Wash. D.C.	Y	Y	Y	N
Nuclear Energy Institute	Aug 22-25	Dallas, Tx - Las Vegas - Dallas, Tx	Y	Y	Y	N
Texas Association of Telecommunications Officers and Advisors	Nov 9	Dallas, Tx - Corpus Christi, Tx - Dallas	N	N	N	N
Nuclear Energy Institute	Nov. 28-Dec 1	Dallas, Tx - Marseille, France - Paris - Dallas	Y	Y	Y	N

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Name	Joe Biden	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 14 PM 2:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

CHARLES F. BASS
(Full Name)

P.O. BOX 310
PETERBOROUGH NH 03458
(Mailing Address)

603-226-0249/202-225-5206
Daytime Telephone

HAND DELIVERED (7)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NH District 02	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Charles F. Bass

DATE (Month/Day/Year): 4-20-99

Name BASS

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	HIGH STANDARD, INC	CONSULTING FEE	10,000
	COLUMBIA ARCHITECTURAL PRODUCTS, INC	CONSULTING FEE	10,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BASS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples																															
SP	Mega Corp Stock				X									X																		P
DC	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts					X										X										X						
	BASS PARTNERS								X						X	X											X					
	IRA AG EDWARDS				X																											
	POB 553, GREENFIELD, NH																															
	NUCOR CORP			X										X									X									
	LANCASTER BANK CD			X												X								X								
	GRANITE BANK ACCT			X												X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BASS

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	REAL ESTATE, EDGARTOWN MA					X																										
	COLUMBIA ARCH. PROD STOCK						X																									
	LANCASTER BANK STOCK				X									X										X								
	GRANITE BANK STOCK			X																												
	AG EDWARDS CASH ACCT			X												X						X										
	PATNAM CREDIT UNION			X																												
JT	HILFORD RECAP PTNRSHP				X																											
SP	IRA AG EDWARDS				X																											
SP	GRANITE BANK		X																													
	HIGH STD., INC TRUST LOAN				X											X								X								
SP	GRANITE BANK STOCK			X																												
SP	ITT HARTFORD ANNUITY					X																										
	HIGH STANDARD, INC INST NOTE				X											X								X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name BASS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-98		X								
SP	ITT HARTFORD ANNUITY		X			01-21-98		X								

This page may be copied if more space is required.

Name BASS | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CITICORP MORTGAGE CO.	MORTGAGE 1629 21st ST. WASHINGTON, DC. (BASS PARTNERS)					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BASS	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CONSULTANT	HIGH STANDARD, INC, COLUMBIA ARCHITECTURAL PRODUCTS, INC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-185 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
RECEIVED
99 MAY 14 PM 12: 06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

HERBERT HARVELL BATEMAN
(Full Name)

2211 RAYBURN HOUSE OFFICE BLDG., WASHINGTON, DC 20515
(Mailing Address)

202/225-4261
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State VA District 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app. 4, §104 and 18 U S C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia	Legislative Pension	2,923.
	Commonwealth of Virginia	Alternative Health Insurance Credit	447.

For payments to charity in lieu of honoraria, use Schedule II.

Name Herbert Harvell Bateman | Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
Armed Forces Marketing Council, Fairfax, VA	Speech--Q&A	June 30, 1998	$1,000.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Herbert Harvell Bateman

Page 4 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	SP Mega Corp Stock					X								X										X								P
DC	*Examples* Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	.70 acre Commercial lot Hampton, VA							X							X										X							
JT	Parking space, Horizon HOuse Arlington, VA			X											X								X									
	Legg-Mason Value Trust Mutual Fund						X							X			X								X							
	Legg-Mason High Yield Mutual Fund													X			X							X								
	Templeton World Fund				X									X			X							X								
	Legg-Mason Broker Acct															X						X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT HARVELL BATEMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Avalon Bay Commun REIT			X										X			X					X										
	St Paul Co's--formerly USF&G	X																														S
	CBS			X																		X										
**	Smithfield Food					X																X										See below
	Nations Bank checking acct															X							X									
SP	Prudential Life Ins Policy															X							X									
	Cong Fed Credit Union		X													X							X									
	Zweig Strat Fund	X															X							X								S
	Camden Prop. Trust			X										X										X								
	Va Dept Tax																			Tax Ref					X							
	Mutual Bond Fund																															
	Computer Invest Ser				X											X									X							
	CENIT Bank			X										X									X									P
	Wachovia Bank Stock				X									X										X								Formerly Jef Natl Bank
	Crestar Bank			X										X									X									
	Wachovia Bank Checking acct															X								X								
	CENIT Bank Checking acct															X							X									
	Legg-Mason Value Trust Mut Fund--Ret. Acct					X								X			X								X							P
	Legg-Mason Total Return Mutual Fund Ret. acct					X								X			X									X						P
	Franklin Equity Income Mutual Fund Ret. Acct					X								X			X								X							P
	Templeton World Fund Mutual Fund Ret. Acct						X							X			X									X						S
SP	Franklin Equity Income Mutual Fund--Ret acct				X									X			X							X								P
SP	Templeton World Fund Mutual Fund--Ret acct				X									X			X							X								S

**600 shares donated to Herbert H Bateman Foundation, market value = $21,000.

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SCHEDULE IV — TRANSACTIONS

Name Herbert Harvell Bateman

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	CENIT Bank	X			9/2/98	X									
	Zweig Mutual Fund		X		12/17/98	X									
	St. Paul Co's (formerly USF&G)		X		9/3/98	X									
*	Legg-Mason High Yield		X		12/17/98		X								
*	Franklin Equity Mutual Fund--Retirement acct	X			3/9/98			X							
* SP	Franklin Equity Mutual Fund--Retirement acct	X			3/10/98		X								
*	Legg-Mason Total Return Mutural Fund Retirement Acct	X			4/28-29/98			X							
*	Legg-Mason Value Trust--Retirement acct	X			4/24/98			X							
*	Templeton World Fund Ret. acct		X		4/28/98				X						
SP	Templeton World Fund Ret. acct		X		4/21/98		X								

This page may be copied if more space is required.

*Each acct had purchases based on reinvestment of dividends and capital gains on various dates.

Name Herbert Harvell Bateman | Page 7 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	CENIT Bank--Newport News, VA	Equity Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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99 MAY 17 PM 5:54
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE
MC
(Office Use Only)

Xavier Becerra
(Full Name)

1910 Sunset Blvd., #560
(Mailing Address)

Los Angeles, CA 90026

Daytime Telephone: 213-483-1425

Filer Status	[X] Member of the U.S. House of Representatives	State: Calif. District: 30th	[ ] Officer or Employee	Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): 5/17/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source		Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
George Washington University Hospital		Spouse Salary	NA
National Coalition of Hispanic Health and Human Services Organization		Spouse Consulting Fee	NA
American Institute of Ultrasound Medicine, Washington, DC Chapter		Honoraria	$150

For payments to charity in lieu of honoraria, use Schedule II.

Name Xavier Becerra | Page 3 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock						X							X										X							P
DC	*Examples:* Simon & Schuster			Indefinite																Royalties											
JT	1st Bank of Paducah, KY accounts						X									X															
JT	America Online, Stock				X																										P
JT	Conoco, Stock			X																											P
JT	Walt Disney, Stock			X																											P
JT	24/7 Media, Stock			X										X								X									P
JT	Univision, Stock			X																											P
JT	United Pan Am, Stock			X																											P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Xavier Becerra

Page 4 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Infinety Broadcasting			X													X						X									S
JT	A/M Int. EQ, Mutual Fund			X																												P
JT	Alliance Prem. Growth*			X																												P
JT	Alliance Quasar Fund*			X																												P
JT	GAM Intl. Fund*			X																												P
JT	Mass. Investers Growth*			X																												P
JT	MFS Utilities*			X										X								X										P
JT	Merrill Lynch S&P 500*			X										X								X										P
JT	Seligman Comm. & Info.*			X																												P
JT	Franklin High Yield*			X																												P
DC	United Pan Am, Stock			X																												P
SP	Mutual Fund Advisor - IRA				X																											P
JT	Home Savings - Checking		X													X						X										
JT	Cong. Credit Union - Cking			X												X						X										
JT	1005 Mooney, Monterey Park						X							X												X						
JT	1633 Hill Dr., LA							X						X													X					

*Mutual Funds

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra | Page 5 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	MFS Total Return, Mutual Fund		X		1-05-98		X								
JT	Univision, Stock	X			2-10-98	X									
JT	Warnaco Group, Stock	X			2-12-98	X									
JT	Warnaco Group, Stock		X		2-19-98	X									
JT	Tyco Intl. Ltd., Stock	X			3-03-98	X									
JT	Tyco Intl. Ltd., Stock		X		3-03-98	X									
JT	United Pan Am, Stock	X			4-24-98		X								
JT	Endesa S.A. Spon. ADR, Stock	X			6-10-98	X									
JT	Celestica Sub. Vtg., Stock	X			6-30-98	X									
JT	Celestica Sub. Vtg., Stock		X		7-14-98	X									
JT	USEC Inc., Stock	X			7-23-98	X									
JT	USEC Inc., Stock		X		8-26-98	X									
JT	Walt Disney Co., Stock	X			8-27-98	X									
JT	Endesa S.A. Spon. ADR, Stock		X		10-12-98	X									
JT	Conoco Inc., Class A, Stock	X			10-22-98	X									
JT	Fox Entertainment Group, Stock	X			11-11-98	X									

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SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Fox Entertainment Group, Stock		X		11-11-98	X									
JT	24/7 Media Inc., Stock	X			11-30-98	X									
JT	America Online, Stock	X			12-01-98	X									
JT	Infinity Broadcasting, Stock	X			12-10-98	X									
JT	Infinity Broadcasting, Stock		X		12-10-98	X									
DC	United Panam Financiml, Stock	X			4-24-98	X									
DC	United Panam Financial, Stock	X			4-24-98	X									
JT	MFS Research Fund, Mutual Fund	X			1-12-98	X									
JT	Merrill Lynch Euro Fund, Mutual Fund	X			1-12-98	X									
JT	Franklin High Yield, Mutual Fund	X			1-12-98	X									
JT	Seligman Communications, Mutual Fund	X			1-12-98	X									
JT	Merrill Lynch S&P 500 Index Fund	X			1-12-98	X									
JT	Davis New York Venture, Mutual Fund	X			1-12-98	X									
JT	Kemp-Dreman Small Cap., Mutual Fund	X			1-12-98	X									
JT	Putnam Asian Pacific, Mutual Fund	X			1-12-98	X									
JT	MFS Research Fund, Mutual Fund		X		2-04-98	X									

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SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra

Page 7 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Massachusetts Investors, Mutual Fund	X			2-04-98	X									
JT	Merrill Lynch Developing Markets, Mutual		X		2-04-98	X									
JT	Alliance Quascer Fund, Mutual Fund	X			2-04-98	X									
JT	Montgomery Emerging Marke ts, Mutual Fund	X			2-04-98	X									
JT	Kemp Dreman Small Cap., Mutual Fund		X		2-04-98	X									
JT	Alliance Premier Growth, Mutual Fund	X			4-29-98	X									
JT	Davis New York Venture, Mutual Fund		X		4-29-98	X									
JT	Merrill Lynch Euro Fund, Mutual Fund		X		10-09-98	X									
JT	Aim International, Mutual Fund	X			10-09-98	X									
JT	J. Hancock Fund, Mutual Fund		X		10-09-98	X									
JT	Putnam Asian Pacific, Mutual Fund		X		10-09-98	X									
JT	GAM International Fund, Mutual Fund	X			10-09-98	X									
S	Goldman Sach Core, Mutual Fund / IRA	X			8-20-98	X									
SP	Alliance Quasar Fund, Mutual Fund / IRA	X			1-30-98	X									
SP	Kemp-Dreman Small Cap., Mutual Fund / IRA		X		1-30-98	X									
SP	Putnam Asian Pacific, Mutual Fund / IRA		X		4-02-98	X									

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SCHEDULE IV — TRANSACTIONS

Name Xavier Becerra

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	Merrill Lynch Euro Fund, Mutual Fund / IRA	X			4-03-98	X									
SP	Alliance Premier Growth, Mutual Fund / IRA	X			4-29-98	X									
SP	Davis New York Venture, Mutual Fund / IRA		X		4-29-98	X									
SP	MFS Total Return, Mutual Fund / IRA		X		5-27-98	X									
SP	Merrill Lynch Global Alloc., Mutual Fund/IRA		X		5-27-98	X									
SP	Merrill Lynch Pacific Fund, Mutual Fund /IRA		X		10-09-98	X									
SP	Merrill Lynch Intl. Index Fund, MF / IRA	X			10-09-98	X									

This page may be copied if more space is required.

Name Xavier Becerra | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wells Fargo Bank, California	Mortgage 1005 E. Mooney Dr. Monterey Park, CA			X							
	Bank of America, California	Mortgage 1633 Hill Drive Los Angeles, CA					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C — Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Fundacion Consejo Espana & US Spain Council	Feb 16–Feb 19	Wash, D.C.-Madrid Spain-Wash., D.C.	Y	Y	N	N
	Yale Latino Leadership Conference	April 3–April 5	Wash., D.C-New Haven, CT-Wash., D.C.	Y	Y	Y	N
	National Coalition of Hispanic Health and Human Services Orgs.	June 11–13	Wash., D.C. -San Juan, PR,-Wash., D.C.	Y	N	Y	N
	Congressional Hispanic Caucus Institute	June 22	Wash., D.C.-Dallas, TX-Wash., D.C.	N	Y	N	N
	American Public Power Assoc.	Nov 9	Wash., D.C.-Palm Spring-Wash.	N	Y	N	N
	Encuentro 2000 -- and Beyond	Dec 26–29	Wash., D.C.-Tampa, Fl-Wash., D.C.	Y	Y	Y	N
	Center for Latin American Studies	Dec. 4-5	Los Angeles -- Berkeley -- Los Angeles	Y	N	Y	N

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Name Xavier Becerra	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Los Angeles Annenberg Metropolitan Project (LAAMP)
Trustee	Pitzer College
Board Member	National Association of Latino Elected & Appointed Officials (NALEO)
Board Member	Close Up Foundation
Board Member	Congressional Hispanic Caucus Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

XAVIER BECERRA
30TH DISTRICT, CALIFORNIA

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0530

June 15, 1999

RECEIVED
FOIA/PA/PRIVACY ACT OFFICE
99 JUN 15 PM 4:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1

MC

Mr. Jeff Trandahl
Clerk of the House
H154
Washington D.C. 20515

Dear Mr. Trandahl:

Please amend my Financial Disclosure Statement for Calendar Year 1998, Schedule I -- Earned Income (Page 2 of 11), to specify that the $150 honoraria granted by the American Institute of Ultrasound Medicine, Washington, DC Chapter was made to my wife Dr. Carolina Reyes.

Thank you for your attention to this matter.

Sincerely,

XAVIER BECERRA
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED

99 MAY 17 PM 4:07

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Kenneth Edward Bentsen, Jr.
(Full Name)

326 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-7508

Filer Status	[ ] Member of the U S House of Representatives	State: TX District: 25	[ ] Officer or Employee	Employing Office:	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: K. E. Bentsen

DATE (Month/Day/Year): 5-17-99

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Name Kenneth Edward Bentsen, Jr.	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hayes, Domenici & Associates	Spouses Income	$30,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Cash Reserves	$1 - $1,000	Interest	$1 - $200	NA
	Fidelity Puritan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	Fidelity Magellan IRA	$15,001 - $50,000	Capital Gains and Dividends	$5,001 - $15,000	P
	Fidelity Capital & Income	$1,001 - $15,000	Interest	$1,001 - $2,500	P AND S
	Fidelity Puritan Rollover	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
	Fidelity Puritan Rollover	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Fidelity Contrafund Rollover	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	S
	Fidelity Magellan Rollover	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	S
	Fidelity Growth & Income	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P AND S
	Estate of Edna R. Bentsen	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
	1991 Trust Estate LMB, Sr.	$100,001 - $250,000	Dividends	$15,001 - $50,000	NA
	1987 Trust LMB, Sr.	$15,001 - $50,000	Dividends	None	NA
	Estate of Edna R. Bentsen LMB Partnership	$100,001 - $250,000	Dividends	None	NA
	SP Fidelity Magellan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	SP Fidelity Puritan IRA	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
	George K. Baum & Co Gold Account Dreyfus Money Market	$1,001 - $15,000	Interest	$1,001 - $2,500	P AND S

Name Kenneth Edward Bentsen, Jr. | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Fidelity Puritan	Sold	6/11/98	$1,001 - $15,000
	Fidelity Magellan	Sold	6/11/98	$1,001 - $15,000
	Fidelity Growth & Income	Sold	6/11/98	$1,001 - $15,000
	Fidelity Contrafund	Sold	6/11/98	$1,001 - $15,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

LEGISLATIVE RECORDS AND REGISTER
99 MAY 17 AM 10:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

DOUGLAS KENT BEREUTER
(Full Name)

2184 Rayburn Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-4806

Filer Status				
	[X] Member of the U.S. House of Representatives	State: NE District: 01	[ ] Officer or Employee	Employing Office:

Report Type			
	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Doug Bereuter

DATE (Month/Day/Year): May 13, 1999

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Arlington County, Virginia School Board	Spouse Salary	INCOME

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1997	$2,000
	XYZ Magazine	Article	Aug. 13, 1997	$500
NONE				

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples:* Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Savings Account, Calvert Group, Kansas City, MO	$1,001 - $15,000	Interest	$201 - $1,000	NA
DC	Savings Account, Calvert Group, Kansas City, MO (Kirk Bereuter)	$1,001 - $15,000	Interest	$1 - $200	NA
	IRA Account, U.S.A.A. San Antonio, Texas	$15,001 - $50,000	Not Available	NA	NA
SP	IRA Account, U.S.A.A., San Antonio, Texas	$15,001 - $50,000	Not Available	NA	NA
SP	Retirement Account, Teachers Retirement Fund, Arlington, VA	$15,001 - $50,000	Not Available	NA	NA
JT	Checking Account, First Virginia Bank, Falls Church, VA	$1,001 - $15,000	Interest	$1 - $200	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Checking Account, Cornhusker Bank, Lincoln, Nebraska	$1,001 - $15,000	Interest	$1 - $200	NA
	One-quarter shareholder in family corp. owning 38 acres of land & residence in unincorporated portion of Summit County, CO & a parcel with storage building in Utica, NE; & shared interest with extended family of farmland in Reno County, KS.	$100,001 - $250,000	Not Available	None	NA
	My individual interest in Reno County real estate is 1/16 of separate parcels. No earned income.				
DC	NOW Account First Virginia Bank, Falls Church, Virginia (Kirk Bereuter)	$1 - $1,000	Interest	$1 - $200	NA
JT	Mutual Funds, U.S.A.A., San Antonio, Texas	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA
SP	403B(7) Account, U.S.A.A., San Antonio, Texas	$50,001 - $100,000	Not Available	NA	NA
JT	U.S.A.A. Federal Savings Bank, San Antonio, Texas	$1 - $1,000	Interest	$1 - $200	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000 Include transactions that resulted in a loss Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	The family corporation in which I have one-quarter interest sold its one-quarter interest in 444 acres of pasture land in Reno County, Kansas.	Sold	10/08/98	$1,001 - $15,000 for my 1/4 share

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	NONE		

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute Conference regarding US-China Relations, Lanai, Hawaii	4/13-19/1998	Lincoln, NE-Lanai, HI-Wash, DC	Y	Y	N	N
The Japan Society, Japan Leadership Network Conference -- delivered speech, New York, NY	4/30-5/3/1998	Wash, DC-NYC, NY-Wash, DC	N	N	Y	3 days
Aspen Institute Conference regarding US Relations with the Former Soviet States, Budapest, Hungary	8/9-22/1998	Wash, DC-Prague, Czechoslavakia-Budapest, Hungary-Wash, DC	Y	Y	Y	7 days
John F. Kennedy School Visiting Committee, Cambridge, MA	10/22-23/1998	Wash, DC-Boston, MA-Omaha, NE	Y	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska
Board of Directors	Friends of the U.S. National Arboretum, Washington, DC

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 AM 10: 55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Shelley Berkley (Full Name)
7132 Silver Sabre Court (Mailing Address)
Las Vegas NV 89117
202-225-5965 (Daytime Telephone)

Filer Status	[x] Member of the U.S. House of Representatives — State NV District 01	[ ] Officer or Employee — Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Shelley Berkley

DATE (Month/Day/Year): May 14, 1999

Name Shelley Berkley | Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PCS World	Consultant	$42,000.00
	CES	Consultant	30,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	None			

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Name Shelley Berkley | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B																																			BLOCK E
			None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example: Partnership Income or Farm Income)	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	P, S, E
SP, DC, JT	Examples	SP	Mega Corp. Stock				X								X											X											P
			Simon & Schuster		Indefinite																Royalties										X						
			1st Bank of Paducah, KY accounts					X									X										X										
JT	3/100 Legendary LV, NV						X									X												X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Shelley Berkley

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	MSDW - IRA *						X							X		X	X								X							
	MSDW Competitive Edge			X																												
	MSDW Dividend Growth				X																											P+S
	Phoenix Engemann GL Growth			X																												S
	Phoenix Engemann SM Mid Cap			X																												S
	Phoenix Engemann Value 25			X																												S
	MSDW Liquid Asset			X																												
	MSDW Stock					X																										
	US Treasury Bond				X																											
	Pax Lewis Trust Market Deposit Linked																															
					X																											
DC	Coca Cola			X										X								X										
DC	Phoenix Engemann Nifty Fifty				X									X								X										
DC	MSDW Dividend Growth				X									X								X										
DC	MSDW Liquid Asset				X											X					X											P

(*All of these assets are part of the IRA but individual assets can not easily be separated, therefore accurate income is given)

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SCHEDULE IV — TRANSACTIONS

Name Shelley Berkley | Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
DC	MSDW Liquid Asset	X			12-30-98		X								
	MSDW Dividend Growth		X		10-26-98	X									
	MSDW Dividend Growth	X			11-11-98	X									
	Phoenix Engemann GLB Growth		X		10-26-98	X									
	Phoenix Engemann SM Cap		X		10-26-98	X									
	Phoenix Engemann Value 25		X		10-26-98	X									

This page may be copied if more space is required.

Name Shelley Berkley | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Central National Bank	Mortgage on 3401 Lagerfeld Dr. LV, NV		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name Shelley Berkley | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	National Jewish Medical and Research Center
Trustee (until August 1998)	Sunrise Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
March 1, 1996	Shelley Berkley + CES	6 month contract + bonus

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 AM 9:52

(9)
INSIDE MAIL
MC
(Office Use Only)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2330 Rayburn Building
(Mailing Address)

202 225-4695
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 26th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Howard L. Berman

DATE (Month/Day/Year): 5/14/99

Name HOWARD L. BERMAN	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name HOWARD L. BERMAN	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
The Connell Company	Speech	4/21/98	$2,000
California Cable Television Association	Speech	8/14/98	$1,000
California Cable Television Association	Panel Participant	12/4/98	$1,000

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Name HOWARD L. BERMAN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	Block B: Value of Asset											Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
				A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples	SP	Mega Corp. Stock					X								X										X								P
DC			Simon & Schuster			Indefinite																Royalties								X				
JT			1st Bank of Paducah, KY accounts						X									X									X							
DC	Bank of America account CD					X												X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
	NONE														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
DC	Congressional Federal Credit Union	Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name HOWARD L. BERMAN | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	World Economic Forum	1/28-2/2	L.A.-Davos-L.A.	Y	Y	Y	N
	Stanford University Center for International Security and Arms Control	4/3-4/4	L.A.-Palo Alto-L.A.	Y	Y	N	N
	The Aspen Institute	4/13-4/17	L.A.-Lanai-L.A.	Y	Y	Y	1 day
	Rutgers University	4/20-4/21	L.A.-New Brunswick	Y	Y	N	N
	California Cable TV Association	8/13-8/14	L.A.-Incline Village -L.A.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

26TH DISTRICT, CALIFORNIA
COMMITTEES
JUDICIARY
RANKING MEMBER, SUBCOMMITTEE ON COURTS AND INTELLECTUAL PROPERTY
INTERNATIONAL RELATIONS
STANDARDS OF OFFICIAL CONDUCT
RANKING MEMBER

Congress of the United States
House of Representatives
Washington, DC 20515–0526

WASHINGTON, DC 20515–0526
(202) 225–4695
DISTRICT OFFICE:
10200 SEPULVEDA BLVD
SUITE 300
MISSION HILLS, CA 91345
(818) 891–0543
(818) 764–1206

INSIDE MAIL

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LEGISLATIVE RESOURCE CENTER
99 MAY 19 PM 12:00
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

HOWARD L. BERMAN
May 18, 1999

MC

The Clerk
U.S. House of Representatives
B-106 Cannon HOB

RE: Amendments to 1998 Financial Disclosure

Please amend the following sections as indicated on the attachments

1. Schedule III – Assets and "Unearned" Income
2. Schedule IV – Transactions

Sincerely,

Howard L. Berman

HOWARD L. BERMAN
Member of Congress

Name HOWARD L. BERMAN INSIDE MAIL ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
SP	Schwab One Account			X																	X											P
DC																																

For additional assets and unearned income, use next page.

INSIDE MAIL

Name HOWARD L. BERMAN

Page ___ of ___

SCHEDULE IV — TRANSACTIONS

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SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	Schwab One Account	X			12-98		X								
DC															

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

CENTRAL TIME TRACKING CEN
99 MAY 18 AM 9:34
USJ
9
MC INSIDE MAIL
(Office Use Only)

ROBERT MARION BERRY
(Full Name)

1113 Longworth, Washington, D.C. 20515
(Mailing Address)

(202) 225-4076
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Arkansas District: First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
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SIGNATURE OF REPORTING INDIVIDUAL Robert Marion Berry

DATE (Month/Day/Year) 5-15-99

Name ROBERT MARION BERRY	Page 1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

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Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Orange County Board of Education	Spouse Salary	NA
	Carmar Inns, Inc. (Spouse)	Spouse Director Fee	$1,200.00
	Marion Berry, Inc. (Spouse)	Spouse Salary	$20,500.00
	Mitchell Berry, Inc. (Spouse)	Spouse Salary	$3,500.00

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT MARION BERRY	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

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XYZ Magazine	Article	Aug. 13, 1998	$500
None			

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Name ROBERT MARION BERRY | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

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BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT *Examples:* SP	Mega Corp. Stock	F	DIVIDENDS	IV	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	F	INTEREST	VI	
SP	Marion Berry, Inc.	F	Salary	VII	
	Pecan Post, Inc.	H		I	
	Berry Land Co.	F	Prtnrshp. Income	VI	
SP	Carmar Lowe, Inc.		Director's Fee	IV	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT MARION BERRY

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Riceland Foods, Inc.				X																X											
	Planters & Merchants Bank of Gillett, AR			X										X									X									
	Southern Farm Bureau Life Insurance Co.			X										X								X										
	140 Main St. Gillett, AR		X																		X											
	Marion Berry, Inc. Profit Sharing Plan						X									X									X							
	(a) U.S. Treasury Bonds						X									X									X							
	(Blank)																															
	(Blank)																															
	New York Life Insurance				X																X											
	NW National Life Insurance			X																	X											
	Planters & Merchants Bank of Gillett, AR				X											X								X								

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SCHEDULE IV — TRANSACTIONS

Name ROBERT MARION BERRY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001– $15,000	C $15,001– $50,000	D $50,001– $100,000	E $100,001– $250,000	F $250,001– $500,000	G $500,001– $1,000,000	H $1,000,001– $5,000,000	I $5,000,001– $25,000,000	J $25,000,001– $50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10-12-98		X								
	502 West Second, DeWitt, Arkansas previously shown within Berry Land Co.			X		3/3/98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
None												

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None			

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Connell Company	3-6-98	Wash. D.C. - Westfield, NJ - Wash. D.C.	N	Y	N	N
Democratic Leadership Council	4-30-98 5-3-98	Wash., D.C. - New Orleans, LA-Wash., D.C.	Y	Y	Y	N
American Crop Protection Assc.	9/26-28/98	Wash., D.C.- White Sulpher Spgs., W.VA- Wash., D.C.	Y	Y	Y	N
Arkansas Poultry Federation	11-4-98	Jonesboro, AR- F'ville, AR- Jonesboro, AR	N	N	N	N
Zeneca Ag Products	11/6-8/98	Memphis, TN - Aspen, COL. - Memphis, TN	N	N	Y	N
Stenholm Campaign	9/98	Wash., D.C.- Abilene, TX - Wash., D.C.	Y	Y	Y	N
Arkansas Poultry Federation	9/3-4/98	Jonesboro, AR Mountain Home, AR	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Berry Land Co.
Director/Secretary	Carmar Lowe, Inc. (Spouse)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/93	Marion Berry, Inc.	I will retain my benefits under the profit sharing plan of Marion Berry, Inc.
10/93	Marion Berry, Inc.	I will return to my employment with Marion Berry, Inc. upon leaving government service.
10/93	Carmar Lowe, Inc.	My wife will continue as a director of Carmar Lowe, Inc.

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
99 MAY 18 AM 9:36

(16)
MC INSIDE MAIL
(Office Use Only)

Judy Biggert
(Full Name)
425 East Sixth St.
(Mailing Address)
Hinsdale Illinois 60521
Daytime Telephone 630-323-0636

Filer Status	[X] Member of the U.S. House of Representatives — State: Illinois District: 13	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Judy Biggert

DATE (Month/Day/Year) May 17, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Illinois: House of Representatives	Salary	62,458.
	Seyfarth Shaw Fairweather & Geraldson	Spouse Partnership distribution	

For payments to charity in lieu of honoraria, use Schedule II.

Name Judy Biggert | Page 3 of 16

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X																		
DC, JT	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X									X							
	Abbott Laboratories				X									X									X									
	Newell Cos Inc.			X										X								X										
	Valspar Corp					X								X										X								
	Walgreen Co									X				X												X						
	Walgreen Co	X															X												X			S
	Intl Comfort Products Corp			X																												

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biagerl

Page 5 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPT'ED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Walgreen Co.						X							X									X									
SP	Hanover Cup Mtg Holdings Inc. wts		X											X								X										S
SP	Int'l Comfort Products Corp				X																X											
SP	U.S. Can Corp.				X																X											
SP	Safeway Inc Sr Sub Deb 9.035%				X											X								X								
SP	Fort Howard Corp Sr Sub Notes				X											X								X								
SP	Oracle Corp				X											X								X								
SP	Eckherd Corp				X											X									X							
SP	Prosoft Dev Inc	X																		Loss Original Cost 1,050	X											S
SP	Outsource Intl Inc.	X																			X											
SP	Treasury Daily Fund													X									X									
SP	Legal Space & Comm Ltd				X																											
SP	A Flac Inc				X									X								X										
SP	Amgen Inc					X																										
SP	Applied Power Inc				X									X								X										
SP	Cinram Inter Inc				X									X								X										
SP	Coca Cola Co			X										X									X									
SP	General Cable Corp			X										X								X										
SP	Illinois Tool Works				X									X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Judy Biggert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	US Treas NT 7.00%						X									X									X							
SP	Storage USA				X									X										X								
JT	Citibank				X									X										X								
	Host Marriott Corp		X											X								X										
JT	Vanguard Short Term Tres			X												X							X									
	Walgreen Profit Sharing Retirement						X													distribution						X						
	Harris Trust & Savings			X												X						X										
SP	National Financial Services IRA				X																											
SP	Sessions Research Partners	X																		Capital Loss				X								S
SP	RMI Cov Hopper Rail Car			X											X							X										
SP	Polygram NV Sedol	X															X			Capital Loss												
SP	Security Capital Grp	X															X			Capital Loss												
SP	Osmonic Inc	X															X									X						
SP	New Era of Networks	X															X							X								
SP	Agrium Inc	X															X								X							
SP	Berkleman Center	X															X							X								
SP	Federal Signal	X															X			Capital Loss			X									
SP	BHC Inds Inc	X															X									X						
SP	Deluxe Corp	X															X															
SP	Acme Metals	X															X			Capital Loss					X							
SP	Wisconsin Cent Transp Corp	X															X						X									
SP	Stryker Corp	X															X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Judy Biggert

Page 2 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Intel Corp				X												X						X									P S
SP	Hewlett Packard	X															X									X						P S
SP	Jefferies Group	X															X			Capital loss					X							P S
SP	Parr Co	X															X							X								S
SP	CBS Corp	X															X			Capital loss			X									S
SP	Citizens Utility Co.	X															X							X								S
SP	Clayton Homes	X															X								X							S
SP	Johnson & Johnson																X								X							S
SP	Vulcan Materials	X															X							X								S
SP	Watson Pharmaceuticals				X												X									X						S
SP	DJ Inds Inc.																															S
SP	MGIC Inv Corp	X															X			Capital loss						X						S
SP	Microsoft					X											X							X								S
SP	Amgren	X															X						X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: T, P, E, S, P
SP	Intel Corp				X									X								X										
SP	Int'l Comfort Prods Corp						X							X								X										
SP	Johnson & Johnson				X									X									X									
SP	Key Energy Services			X																												
SP	Lockheed Martin Corp				X									X								X										
SP	MoT Bank Corp						X							X										X								
SP	MBNA Corp						X							X										X								
SP	MicroSoft Corp					X																										
SP	Mutual Risk Mgmt Ltd				X									X								X										
SP	New Era of Networks				X																											
SP	Raymond James Fin'l Inc				X									X								X										
SP	South trust Corp				X									X										X								
SP	State Street Corp				X									X										X								
SP	Stryker Corp				X									X								X										
SP	Trust Co BK Corp NY				X									X								X										
SP	US Can Corp			X																												
SP	Watson Pharmaceuticals				X																											
SP	Fed Farm Crdts medium					X										X										X						
SP	Term NTS																															
SP	US Notes DTD					X																										
SP	Nabi Inc Sub Nts			X																												
SP	Vanguard Short term Corp						X									X							X									

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert | Page 9 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
	Walgreen Co. Common Stock		X		01-09-98		X								
	Walgreen Co		X		01-26-98				X						
	Walgreen Co		X		03-02-98				X						
	Walgreen Co.		X		03-03-98		X								
	Walgreen Co		X		03-11-98			X							
SP	Prosoft Dev, Inc	X			02-03-98	X									
SP	Prosoft Dev Inc.		X		06-02-98	X									
SP	Hanover Cap. Mtg Holdin Inc		X		08-18-98	X									
SP	Outsource Intl Inc		X		10-09-98	X									

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
SP	Illinois Tool Works Common Stock	X			02-02-98	X									
SP	~~Trust Co Bank Co~~														
SP	Polygram NV Sedol		X		02-02-98	X									
SP	Trustco Bank Corp. NY Discretionary		X		02-04-98	X									
SP	Security Capital Grp.	X			02-25-98		X								
SP	Osmonics Inc. Discretionary	X			03-26-98	X									
SP	New Era of Networks Inc Dis	X			04-07-98		X								
SP	Agrium Inc. Disc.		X		04-16-98		X								
SP	Beckman Coulter Inc.		X		04-16-98		X								
SP	Federal Signal Corp Disc.		X		04-16-98	X									
SP	BMC Inds Inc. Minn		X		04-20-98	X									
SP	Deluxe Corp.		X		05-05-98		X								
SP	AcmeMetals	X			05-13-98	X									
SP	MGIC Invst Corp Wis Com	X			05-27-98		X								
SP	Wisconsin Cent TransN Corp		X		05-27-98		X								
SP	Intel Corp	X			06-04-98		X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Page 11 of 16

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	Hewlett-Packard Co.	X			06-17-98	X									
SP	Jefferies Group Inc.	X			07-16-98		X								
SP	Applied Power Inc.	X			07-17-98	X									
SP	Mutual Risk Mgmt LTd	X			07-24-98		X								
SP	Osmonics Inc.		X		08-03-98		X								
SP	Stryker Corp		X		09-01-98	X									
SP	Lockheed Martin Corp	X			09-02-98		X								
SP	Watson Pharmaceuticals Inc.		X		09-02-98	X									
SP	Stoller Group	expired			09-24-98	Bankrupt									
SP	Intl. Comfort Prods Corp	X			09-28-98		X								
SP	Acme Metals		X		10-01-98	X									
SP	CBS Corp		X		10-08-98	X									
SP	Citizens Utilities		X		10-08-98	X									
SP	DT Inds Inc.		X		10-08-98	X									
SP	Hewlett Packard		X		10-08-98	X									
SP	Intel Corp		X		10-08-98		X								

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	Johnson & Johnson		X		10-08-98	X									
SP	MGIC Inv. Corp		X		10-08-98	X									
SP	Microsoft		X		10-08-98	X									
SP	New Era of Networks		X		10-08-98	X									
SP	Security Capital Grp.		X		10-08-98	X									
SP	Watson Pharmaceuticals		X		10-08-98	X									
SP	Loral Space & Comm. Ltd		X		10-13-98	X									
SP	Aflac Inc.		X		10-13-98	X									
SP	Vulcan Materials		X		10-13-98	X									
SP	Vanguard Short Term Corp	X			10-23-98				X						
SP	Aflac Inc.		X		10-27-98	X									
SP	Amgen Inc.		X		10-27-98	X									
SP	Citizens Utility Co.		X		10-27-98	X									
SP	Clayton Homes		X		10-27-98		X								
SP	Farr Co. Disc		X		10-27-98		X								
SP	Hewlett Packard Co.		X		10-27-98		X								

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE IV — TRANSACTIONS

Name Judy Biggert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
SP	Jeffenes Group Inc.		X		10-27-98	X									
SP	New Era of Networks		X		10-27-98	X									
SP	Vulcan Materials Co.		X		10-27-98		X								
SP	Watson Pharmaceuticals		X		10-27-98		X								

This page may be copied if more space is required.

Name Judy Biggert | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	none											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

Name Judy Biggert | Page 15 of 16

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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Name Judy Biggert	Page 16 of 16

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	Visiting Nurse Association of Chicago Foundation (Resigned 3/99)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Illinois Employees Deferred Compensation Plan - Illinois General Assembly	Annual payments in July over the next 5 years. Balance as of May 13, 1999 - 67,973. Left State service 12-31-98
	Illinois General Assembly Vested pension plan	Payout beginning at age 62. Contributions - 37,706,

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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4

Brian Phillip Bilbray
(Full Name)

1530 Longworth HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2040

Filer Status	[XX] Member of the U.S. House of Representatives	State: CA District: 49	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XX]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Brian P. Bilbray

DATE (Month/Day/Year) 5-17-99

Name Brian Phillip Bilbrav	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bilbray Tax Service	Spouse Self-empl	

For payments to charity in lieu of honoraria, use Schedule II.

Name Brian Phillip Bilbray | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP, DC, JT	Examples	A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp Stock	X	X	X	P
DC	Simon & Schuster	Indefinite	Royalties	X	
JT	1st Bank of Paducah, KY accounts	X	X	X	
JT	USAA	XX	XX	X	
JT	San Diego Crdt Union	XX	XX XX	X	
JT	Home Depot	XX	XX	XX	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Brian Phillip Bilbray

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		X								
JT	Hexcell		X		6-98	X									
JT	Genrad		X		6-98	X									

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MICHAEL BILIRAKIS
9TH DISTRICT FLORIDA

COMMITTEE ON COMMERCE
CHAIRMAN: HEALTH AND ENVIRONMENT SUBCOMMITTEE
MEMBER: ENERGY AND POWER SUBCOMMITTEE

COMMITTEE ON VETERANS' AFFAIRS
VICE CHAIRMAN: HEALTH SUBCOMMITTEE

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Congress of the United States
House of Representatives
Washington, DC 20515–0909

May 11, 1999

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The Hon. Jeff Trandahl
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U.S. House of Representatives
Washington, DC 20515

Dear Mr. Trandahl:

I am writing to clarify a provision of my Financial Disclosure Statement for calendar year 1998.

In previous Financial Disclosure Statements for calendar years 1984-1997, I listed the Bellhaven Apartments, located in Dunedin, Florida, on Schedule III (Assets and "Unearned" Income). However, I have had no operational interest in the property since July 1, 1984, when it was sold to Mr. Anthony C. Samarkos. Mr. Samarkos and I both reported the sale accurately on our respective federal income tax returns for 1984.

However, Mr. Samarkos failed to properly record the deed transferring ownership of the property, and it was subsequently lost. Until the deed was recorded memorializing the transfer, I continued to report an interest in the property on my Financial Disclosure Statements.

On April 30, 1999, a replacement deed was recorded, which reflected the sale of the property in 1984 to Mr. Samarkos. This letter amends my Financial Disclosure Statements for calendar years 1984-1997 to remove the Bellhaven Apartments from the Schedule of Assets and "Unearned" Income. It also amends Schedule IV of my Financial Disclosure Statement for calendar year 1984 to reflect the sale of the property to Mr. Samarkos on July 1, 1984, for $185,000.

Thank you for your assistance in this matter.

Sincerely yours,

Michael Bilirakis
Member of Congress

MB:tt

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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Michael Bilirakis, M.C.
(Full Name)

2369 Rayburn HOB
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-5755

Filer Status	[X] Member of the U.S. House of Representatives	State FL District 09	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Bilirakis

DATE (Month/Day/Year): May 15, 1999

Name Michael Bilirakis, M.C.	Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Estate of Tomasides	Personal Representative	$3,345.38

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT); in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP JT	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Office Bldg-4538 Bartelt Rd., Holiday, FL	$50,001 - $100,000	Rent	$5,001 - $15,000	
JT Rental Condo-Gateway Towers, Pittsburgh, PA	$15,001 - $50,000	Rent	$5,001 - $15,000	
SP Bldg. (1/2) Athens & Pinellas, Tarpon Springs, FL	$15,001 - $50,000	Rent - Net Loss	None	
SP 1/2 of 2 lots (unimproved), Hope Subdiv., Tarpon Springs, FL	$1,001 - $15,000	None - Net loss	None	
JT House-306 Driftwood Dr., Palm Harbor, FL	$100,001 - $250,000	None - Net loss	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Nations Bank of FL (CDs & Savings)	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Nations Bank of FL (MM & Checking)	$1,001 - $15,000	Interest	$201 - $1,000	
JT	SunTrust Bank (CD, Savings, Stock)	$50,001 - $100,000	Interest, Dividends	$2,501 - $5,000	
JT	Cong Fed Credit Union (CDs, Checking, Savings)	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	A. G Edwards Cash Fund	$1,001 - $15,000	Interest	$1 - $200	
SP	Fortis Securities	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	First Nat Bank of Pasco - Stock	$1,001 - $15,000	None	None	
JT	First Union Corp - Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	First Union Corp - Stock - IRA	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	A.G Edwards-Daily Cash Accumulation Fund - IRA	$1,001 - $15,000	Interest	$1 - $200	
SP	Putnam High Income Govt TR IRA	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Life of Georgia - IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	A.G Edwards-Daily Cash Accumulation Fund - IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	First Union Corp. Stock - IRA	$50,001 - $100,000	Dividends	$1,001 - $2,500	
	Putnam High Income Govt. TR - IRA	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	A.G. Edwards - Stock - IRA	$15,001 - $50,000	Dividends	$201 - $1,000	
	IBM - Stock - IRA	$100,001 - $250,000	Dividends	$201 - $1,000	
	Innovet, Inc. - Stock - IRA	None	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	IBM - Stock - IRA	$15,001 - $50,000	Dividends	$201 - $1,000	
JT	Kemper Municipal Bond Fund	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Tech Data Stock	$1,001 - $15,000	Dividends	None	
	Checkers - Stock - IRA	$1 - $1,000	None	None	
	Adelphia - Stock - IRA	$1,001 - $15,000	None	None	
SP	Adelphia - Stock - IRA	$1,001 - $15,000	None	None	
JT	Compaq - Stock	$1,001 - $15,000	None	$1 - $200	P
JT	Sears Pref. ACC QUIB	$1,001 - $15,000	Interest	None	P
	Home Depot - Stock - IRA	$1,001 - $15,000	Dividends	None	P
JT	First Union (CD, Savings)	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Checkers - Stock - IRA	$1 - $1,000	None	None	
JT	Morrison-Knudson Warrants	$1 - $1,000	None	None	
JT	Checkers Stock	$1 - $1,000	None	None	
	Tech Data - Stock - IRA	$1,001 - $15,000	None	None	
	Morrison-Knudson Warrants - IRA	$1 - $1,000	None	None	
JT	Audiovox Stock	$1,001 - $15,000	None	None	S
	Audiovox Stock - IRA	$1,001 - $15,000	None	None	S
JT	Suburban Propane - Stock	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Peoples Bank - Stock	$1,001 - $15,000	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Great Subs, Inc. - Mortgage Note	$100,001 - $250,000	Interest, Capital Gains	$15,001 - $50,000	
JT	Oppenheimer MSIG - Class B Fund	$1,001 - $15,000	Dividends	$1 - $200	
JT	Peoples Bank (Savings, CDs)	$15,001 - $50,000	Interest	$201 - $1,000	

Name Michael Billrakis, M.C. | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Compaq - Stock	Purchase	9-1-98	$1,001 - $15,000
JT	Sears Pref. ACC QUIB	Purchase	10-28-98	$1,001 - $15,000
	Home Depot - Stock - IRA	Purchase	7-8-98	$1,001 - $15,000
JT	Audiovox - Stock	Sold	6-23-98	$1,001 - $15,000
	Audiovox - Stock - IRA	Sold	6-23-98	$1,001 - $15,000

Name Michael Bilirakis, M C | **Page** 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Nations Bank (formerly Barnett Bank), Holiday, FL	Mortgage on 4538 Bartelt Rd., Holiday, FL (Law office)	$50,001 - $100,000
JT	Cong. Fed. Credit Union	Acquired loan for son (secured by CD)	$15,001 - $50,000
	Northwestern Mutual	Cash value loan on life insurance	$15,001 - $50,000
	Southeast Financial	Personal Loan	$15,001 - $50,000

Name Michael Bilirakis, M C | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Association of Broadcasters	April 5-8, 1998	Tampa-Las Vegas-Tampa	Y	Y	Y	None

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

Sanford D. Bishop, Jr.
(Full Name)

1433 Longworth House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-3631

Filer Status				
	[X] Member of the U.S. House of Representatives	State: GA District: 02	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

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This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop Jr.

DATE (Month/Day/Year) 5/12/99

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
House & Lot 4129 Roman Dr Columbus, GA	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Legislative Retirement System 2 Northside Atlanta, GA	$1,001 - $15,000	Legislative Pension	None	NA
First Union Bank of DC, Washington, DC	$1,001 - $15,000	Interest	$1 - $200	NA
South Trust Bank of Columbus, Columbus, GA	$1 - $1,000	Interest	$1 - $200	NA
Lot 24 A - Lakemont Heights, Hartwell, GA	$1,001 - $15,000	None	None	NA

Name Sanford D Bishop, Jr | Page 2 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Congressional Federal Union, Washington DC	$1 - $1,000	Interest	$1 - $200	NA
JT	**Commonwealth Bank, Mobile AL	$1 - $1,000	Dividends	None	NA
JT	**Bank of New York Investment Trust, New York, NY	$1,001 - $15,000	Interest	None	NA
JT	**House and Lot 311 Yeates St, Starkville, MS	$15,001 - $50,000	Rent	$1 - $200	NA
JT	**Merill Lynch CMA Money Account	$15,001 - $50,000	Dividends	None	NA
JT	**Prudential Securities	$50,001 - $100,000	Dividends	None	NA
JT	**Commonwealth Bank, Mobile, AL	$1,001 - $15,000	Interest	None	NA
	**All Income Paid to Joint Tenant	NA	NA	NA	NA
	AmSouth Bank, NA, Mobile AL	$1,001 - $15,000	Interest	$1 - $200	NA

Name Sanford D. Bishop, Jr.	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Homeside Lending Incorporated, Florida	Mortgage on Rental Property at 4129 Roman Dr, Columbus, GA	$15,001 - $50,000
	Congressional Federal Credit Union, Virginia	Revolving Charge Account	$10,001 - $15,000

Name Sanford D. Bishop, Jr.	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
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Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Forest Landowners Association	05/01/98	Washington, DC-Orlando, FL-Atlanta, GA	N	Y	N	None

Name Sanford D. Bishop, Jr	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Tubman African-American Museum, 340 Walnut St, Macon, GA
Board Member	William H. Spencer Golden Owelettes, Columbus, GA
Board Member	Liberty Theater Cultural Center, Incorporated, 823 8th Avenue, Columbus, GA
Board Member	A.J. McClung, YMCA, 1175 MLK Jr. Blvd., Columbus, GA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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Rod R. Blagojevich
(Full Name)

2710 W Logan Blvd.
(Mailing Address)

773 276-8984
Daytime Telephone

Chicago, IL 60647

Filer Status	[X] Member of the U.S. House of Representatives	State: ILLINOIS District: 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL Rod Blagojevich	**DATE** (Month/Day/Year) 5-10-99

Name Rod R Blagojevich | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Rod Blagojevich atty at law Co consul fees	Legal income-cases prior to 1-7-97	$130,176.00
	US Government	Legislative Salary	gross $19,368 net $15,770
	William Dart and Associates	Spouse Income	NA
	Excel Communications	Spouse Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Rod R Blagojevich Page 3 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year)

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Condominium @ 1653 W. Melrose Chicago Unit #1					X									X										X							
SP	Merrill Lynch IRA Fundamental Growth B			X												X							N/A		IRA							
JT	John Hancock Growth & Income #150			X										X		X						X										P
JT	John Hancock Stock & Opportunities #139	X												X		X						X										S
JT	John Hancock #625 Independence Equity			X										X		X						X										S
JT	John Hancock #[illegible] TAX-Free Bond B	X												X		X						X										S

Royalties

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Blagojevich, Rod

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	John Hancock Sep IRA #139	X												X		X	X															E
	John Hancock Sep IRA #125				X									X		X	X								N/A		IRA					P
	AIM Sep IRA #002	X												X		X	X								N/A		IRA					E
	AIM Sep IRA #515				X									X		X	X								N/A		IRA					P
	General Assembly Retirement				X									X		X	X								N/A		Retirement					
	State of IL Retirement																															
JT	Abbott Laboratories			X										X								X										
JT	Coca Cola Co			X										X								X										
JT	EMC Corp			X										X								X										P
JT	Exxon			X										X								X										
JT	GM			X										X								X										
JT	Home Depot			X										X								X										P
JT	Intel Corp			X										X								X										
JT	McDonalds			X										X								X										
JT	Starbucks			X										X								X										P
JT	Walgreens			X										X								X										
	DATEK IRA Century Tel			X										X																		P
	DATEK IRA Dell Corp.			X										X																		P
	DATEK IRA Enc Corp			X										X											N/A		IRA					P
	DATEK IRA Lamar			X										X																		P
	DATEK IRA Savings			X										X																		P
	DATEK IRA Schering Plough			X										X																		P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rod R Blagojevich

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	BLOCK E Transaction: P, S, E
	Datek IRA Vodaphone			X										X										N/A	IRA							P
	Datek IRA Wal-Mart			X										X										N/A	IRA							P
	Datek acct is a Sep IRA stock account.																															
	Archr Daniels Midland	X												X									X									P S

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SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Archer Daniels Midland Stock	X			4-9-98	X									
JT	" "		X		7-2-98	X									
JT	Starbucks Stock	X			7-2-98	X									
	~~Sallee~~ Sharing Plough Stock	X			10-26-98	X									
	Vodaphone Stock	X			10-26-98	X									
	Walmart Stock	X			11-24-98	X									
	Paychecks Stock	X			11-24-98	X									
	EMC Corp Stock	X			11-24-98	X									
	Lexmark Stock	X			12-30-98	X									
JT	~~Mat~~ John Hancock #125	X			7-16-98	X									
JT	John Hancock #139		X		7-16-98	X									
JT	John Hancock # 150	X			7-16-98	X									
JT	John Hancock # 152		X		7-16-98	X									
	John Hancock SepIRA # 150	X			7-17-98		X	rolled			# 139		into		
	John Hancock SepIRA # 139		X	X	7-17-98		X				# 150				

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Name Rod R Blagojevich | Page 7 of 10

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Anti-Defamation League, AIL	November 30-December 9	Chicago-Israel-Chicago	Y	Y	Y	N

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Name Rod R Blagojevich | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
Sp	Firstar Bank Chicago IL	Mortgage on 6163 W Melrose Chicago IL (rental)		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–97		X								
	SepIra Aim Constellation #002		X	X	7-17-98		X								
	SepIra Aim BlueChip #515	X			7-17-98		X								

Rolled #002 into #515

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Various Dates when each case was signed all prior to 1/7/97	Clifford Law Offices, Chicago IL Sussman Selig & Ross, Chicago IL Law office of Mike Nicholson, Chicago IL Kaplan and Sorosky, Chicago IL	Co-consul fees on outstanding legal cases which preceeded Jan. 7 1997 TO be paid on a contigency basis upon the settlement of the case

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 APR 29 AM 10: 29

(3)

HAND DELIVERED

MC

(Office Use Only)

Thomas J. Bliley, Jr.
(Full Name)

2409 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-2815

Filer Status	X	Member of the U.S. House of Representatives	State VA District 07	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [X] No [ ]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Bliley

DATE (Month/Day/Year): 4-29-99

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT — *Examples* — SP — Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Tom Bliley Blind Trust	$500,001 - $1,000,000	Qualified Blind Trust	$15,001 - $50,000	
Mary Virginia Bliley Blind Trust	$500,001 - $1,000,000	Qualified Blind Trust	$15,001 - $50,000	
Davenport & Co. of VA (IRA)	$15,001 - $50,000	Interest	NA	
Prudential Insurance	$1,001 - $15,000	Interest	$1 - $200	
2505 Winston Court, Glen Allen, VA	$50,001 - $100,000	None	None	
Wachovia Bank (formerly Jefferson National Bank) (checking)	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Congressional Federal Credit Union (checking)	$1 - $1,000	None	None	
Capitol World Growth & Income Fund (Keogh)	$50,001 - $100,000	Capital Gains and Dividends	NA	
6520 Stuart Avenue, Richmond, VA	$50,001 - $100,000	None	None	P

Name Thomas J. Bliley, Jr | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	6520 Stuart Avenue, Richmond, VA	Purchase	01-07-98	$50,001 - $100,000

Name Thomas J. Bliley, Jr | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Virginia Biotechnology Research Park Authority

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
95 MAY 17 PM 2:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE

(Office Use Only)

Earl F. Blumenauer
(Full Name)

1406 Longworth Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-4811

Filer Status: [X] Member of the U.S. House of Representatives — State OR District 03 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [ ] No [X]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Earl Blumenauer

DATE (Month/Day/Year): 5/17/99

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, **and (b)** any other asset or source of income which **generated more** than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC. JT. *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Mutual Beacon	$1,001 - $15,000	Dividends	$1,001 - $2,500	NA
Mutual Discovery	$50,001 - $100,000	Dividends	$5,001 - $15,000	NA
T.R Price-New Asia	$1,001 - $15,000	Dividends	$1 - $200	NA
Aetna Money Market Fund	$15,001 - $50,000	Dividends	$201 - $1,000	NA
Aetna Fixed Plus Account	$1,001 - $15,000	Dividends	$201 - $1,000	NA
MFS Value Equity (old name - Neuberger BermanGrowth Portfolio)	$15,001 - $50,000	Dividends	$5,001 - $15,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Scudder International Portfolio	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Oregon Public Employee Retirement Account	$100,001 - $250,000	NA	NA	NA
Thrift Savings Account	$15,001 - $50,000	NA	NA	NA
MFS Emerging Equities (old name - Alger American Small Cap)	$1,001 - $15,000	Dividends	$5,001 - $15,000	NA
Melissa Anne Apartments, LLC 7720 E Burnside, Portland, OR	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Apartments 3701-3705 SE 35th Place Portland, OR	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Apartment 3803 SE 35th Place Portland, OR	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
Apartment 1517 NE 8th Westcott Ct Apts LLC, Portland, OR	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
Oak Street Rowhouse 1309 SE Oak Portland, OR	$100,001 - $250,000	current residence	None	NA
Congressional Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	NA
House 2581 NE 31st Street Portland OR	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
510-6th Street SE Apt B Washington, DC	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
Bank of America (savings)	$50,001 - $100,000	Interest	$1,001 - $2,500	NA
Portland Teachers Credit Union	$1,001 - $15,000	Interest	$1 - $200	NA
Schwab Money Market Fund	$1,001 - $15,000	Interest	$201 - $1,000	NA
Crab Huson Equity Fund	$1,001 - $15,000	Dividends	$201 - $1,000	NA

Name Earl F. Blumenauer | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Japan (Scudder) Fund	$1,001 - $15,000	Dividends	$1 - $200	NA
NIKE	$1,001 - $15,000	Dividends	$1 - $200	NA
Schwab 1000	$1,001 - $15,000	Dividends	$1 - $200	NA
Schwab Small Cap	$1,001 - $15,000	Dividends	$1 - $200	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Mellon Bank	mortgage, 1309 SE Oak Portland, OR	$100,001 - $250,000
	Continental	mortgage, 7720 E. Burnside Portland OR	$15,001 - $50,000
	West One Bank	mortgage, 3701-3705 SE 35th Place Portland, OR	$15,001 - $50,000
	private note with J.D. Holm, previous owner	mortgage, 3803 SE 35th Portland, OR	$15,001 - $50,000
	First Security Bank, Portland, OR	mortgage, 1517 NE 8th Street Portland OR	$15,001 - $50,000
	Northwest Mortgage	mortgage, 510 SE 6th Washington DC	$100,001 - $250,000
	Mellon Bank	mortgage, 2581 NE 31st Portland OR	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples						
Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Gates Family Foundation	1/15-1/16	Portland, OR-Denver, CO-Portland, OR	Y	Y	N	none
Harvard University	4/6-4/8	Seattle, WA-Boston, MA-Portland,OR	Y	Y	N	none
JFK School of Government, Harvard University	6/21-6/22	Washington, CD-Boston, MA-Washington, DC	Y	Y	N	none
National Foreign Trade Council	11/4-11/5	Portland, Or-San Francisco, CA-Portland, OR	Y	Y	N	none

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 14 AM 10: 55

INSIDE MAIL
(Office Use Only)

Roy Blunt
(Full Name)

P.O. Box 278
Strafford, Missouri 65757
(Mailing Address)

Daytime Telephone
202-225-6536

Filer Status	☒ Member of the U.S. House of Representatives	State District MO 7	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 17)	☐ Amendment		☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Roy Blunt

DATE (Month/Day/Year): May 10, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source		Type	Amount
Examples	Keene State		Approved Teaching Fee	$6,000
	State of Maryland		Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)		Spouse Speech	$1,000
	Ontario County Board of Education		Spouse Salary	NA
	U.S. House of Representatives - Washington DC	1998	Salary	130,176.32
	Southwest BAPTIST UNIVERSITY - Bolivar, Mo	1998	Approved teaching fee	6,205.00
	Wilson's Creek NATIONAL BATTLEFIELD FOUNDATION Springfield, Missouri	1998	Spouses Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
Tobacco Institute 1875 I St. NW Suite 800 WASHINGTON DC	Speech	Oct 7, 1998	2000.00
SEE ATTACHMENT			
Contribution to Prison Fellowship			

This page may be copied if more space is required.

U.S. House of Representatives

REPORT OF CHARITABLE CONTRIBUTION IN LIEU OF HONORARIUM BY A REGISTERED LOBBYIST

A Member, Officer, or employee of the House of Representatives who asks a registered lobbyist to make a contribution to a charitable organization in lieu of paying an honorarium must complete this form and file it with the Clerk of the House of Representatives within 30 days after the request. The Clerk shall make this information public as soon as possible after it is filed.

NAME OF LOBBYIST MAKING THE CONTRIBUTION: Tobacco Institute

ADDRESS OF LOBBYIST: 1875 I Street N.W Suite #800
Washington DC 20006

DATE OF CONTRIBUTION: October 7, 1998

AMOUNT OF CONTRIBUTION: $2000

NAME OF CHARITABLE ORGANIZATION: Prison Fellowship

ADDRESS OF CHARITABLE ORGANIZATION: P.O. Box 105121
Jefferson City MO. 65110

NAME OF MEMBER, OFFICER OR EMPLOYEE: ROY BLUNT
(please print or type)

SIGNATURE OF MEMBER OFFICER OR EMPLOYEE: Roy Blunt DATE: May 10, 1999

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Blunt

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	i None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP						X								X										X								
DC	Examples		Indefinite																	Royalties									X			
JT							X									X										X						
JT	Commercial Bldg 113 Place St Stratford, MO				X										X											X						
JT	10 acres Bumgarner Blvd/Stratford				X																X											
	First BANKSHARES / Stock				X									X								X										
SP	WALMART Stores / Stock				X									X								X										
	HARTFORD MUTUAL FUND		X											X								X										
	Guaranty FED BANKSHARES				X									X								X										P

JT 925 Oak Terrace Bolivar, Mo - personal residence - sold to southwest BAPTIST UNIVERSITY

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Greene County BANK Strafford, MO	Mortgage on 113 Pine Strafford		X								
JT	Greene County BANK Strafford, MO	Mortgage on 10 acres Strafford		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Center for Democracy WASHINGTON DC	April-16-19	WASH, DC-Huatuco, Mex-Spfld Mo	Y	Y	N	N
	American Israel Ed Foundation WASHINGTON DC	MAY 28-29	Spfld, Mo-Israel-Spfld, Mo	Y	Y	Y	2 DAYS
	Integrated Control Systems Litchfield, Conn	July 27	St Louis, Mo-Lynchfield Conn-WASH DC	N	N	N	N
	Burlington Northern, SANTA FE R.R.	July 8	Spfld, Mo-Monett, Mo-Spfld, Mo	N	Y	Y	N
	Raytheon Aircraft Salina, KS	Oct 23	Spfld, Mo-SALINA KS-Spfld Mo	N	N	N	N

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Name Blunt, Roy	Page 7 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
7/6/96	Roy Blunt and Southwest BAPTIST UNIVERSITY	leave of absense - Associate Professor of History for govt. service - period is review
		maintain 12/31/94 status in retirement plans

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Blunt, Roy

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Guaranty Fed Bankshares	X			1-23-98		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY 18 PM 2:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Sherwood L. Boehlert
(Full Name)

2246 Rayburn Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-3665

Filer Status: [X] Member of the U.S. House of Representatives — State NY District 23 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sherwood Boehlert

DATE (Month/Day/Year): 5/18/99

Name Sherwood L. Boehlert | Page 2 of 6

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
National Water Resources Association	speech	03/27/1998	$1,000.00
Ocean Spray Cranberries, Inc	speech	02/08/1998	$2,000.00
The Conference Board	speech	05/14/1998	$500.00
Consolidated Edison	speech	12/01/1998	$1,500.00

All Honoraria donated to Utica College Scholarship program for academically promising and financially needy students.

Name Sherwood L. Boehlert | Page 3 2 of 6 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT NBT Common Stock	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT Limited Partnership, Utica Baseball Club	$1,001 - $15,000	No Income	None	NA
JT Medtronic Common Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
New Economy Fund (IRA)	$15,001 - $50,000	Dividends	NA	NA
SP New Economy Fund (IRA)	$15,001 - $50,000	Dividends	NA	NA
JT Putnam Capital Appreciation Fund	$50,001 - $100,000	Reinvested Dividends	$1,001 - $2,500	NA
JT Putnam International Growth Fund	$50,001 - $100,000	Reinvested Dividends	$1,001 - $2,500	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Putnum International Growth & Income Fund	$50,001 - $100,000	Reinvested Dividends	$2,501 - $5,000	NA
JT	Putnum Voyager II Fund	$50,001 - $100,000	Reinvested Dividends	$1,001 - $2,500	NA
JT	CISCO Common Stock	$15,001 - $50,000	No Income	None	NA

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Ocean Spray Cranberries, Inc	02/08-02/09/1998	Syracuse, NY-Phoenix, AZ-Syracuse, NY	Y	Y	N	none
Consolidated Edison Company	12/01/1998	Utica, NY-New York City-Utica, NY	N	Y	N	none

Name Sherwood L. Boehlert | Page 6 of 6

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Limited Partner	Utica Baseball Club

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers and employees

RECEIVED
99 MAY 17 PM 1:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

John Andrew Boehner
(Full Name)

1011 Longworth Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-6205

Filer Status	[X] Member of the U.S. House of Representatives	State OH District 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL John A. Boehner

DATE (Month/Day/Year) 5/14/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source		Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Image Realty, Inc.		Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name John Andrew Boehner	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1998	$2,000
	XYZ Magazine	Article	Aug 13, 1998	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Nucite Sales Inc. - Stock									X				X															X			
	Nucite Sales Inc. - Pension Plan Trust							X								N/A							N/A									
	Nucite Sales Inc. - Profit Sharing Trust							X								N/A							N/A									
	State of Ohio - Public Employee Retirement System				X											N/A							N/A									
	State of Ohio - Deferred Compensation Plan						X									N/A							N/A									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Andrew Boehner

Page 5 of 9

SP, DC, JI	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Rolling Ridge Associates- Real estate limited partnership - owns Rolling Ridge Apts., Montana Ave., Cincinnati, Ohio			X											X										X						
JT	First National Bank of Southwestern Oil-Accounts						X									X							X								
JT	Ohio Municipal Cash Trust Mutual Fund				X									X									X								
	Wright Patman Congressional Federal Credit Union-Accounts					X										X							X								
JT	Gradison McDonald Opportunity Value Fund -Mutual Fund					X								X			X								X						P
JT	Gradison McDonald Growth & Income Fund-Mutual Fund					X								X			X							X							P
JT	American Funds EuroPacific Growth Fund-Mutual Fund					X								X			X								X						P
JT	American Funds Small Cap. World Fund-Mutual Fund					X								X			X									X					P
	7908 Cinti-Dayton Rd., Suite 1, West Chester, Ohio- office building						X								X												X				
SP	Farm Property- Pantego, North Carolina (gift to spouse from father in'96)			X											X							X									

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SCHEDULE IV — TRANSACTIONS

Name John Andrew Boehner | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	Gradison McDonald Growth & Income Fund	X			Various	X									
JT	American Funds Small Cap. World Fund	X			Various	X									
JT	American Funds EuroPacific Growth Fund	X			Various	X									
JT	Gradison McDonald Opportunity Value Fund	X			Various	X									

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Name John Andrew Boehner | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Banc One - Middletown, Ohio	Mortgage on Office Building		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chicago Mercantile Exchange - participate on panel at annual Futures Industry Association's "Washington Outlook" Conference	Mar.20-23	Wash.,D.C.-Ft.Lauderdale,FL-Wash.,D.C.	Y	Y	Y	N
	CSX Corp. Annual Conference-Panelist with bipartisan House & Senate members to discuss legislative issues	May 22-25	Wash.,D.C.-White Sulpher Springs, WVA-Wash.,D.C. (provided own transporation	Y	Y	N	1 day

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Officer - Non-comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc. - pension & profit sharing plans	Continued interest - no additional contribution
	State of Ohio - pension & deferred compensation plans	Continued interest - no additional contribution
	Nucite Sales LP	Limited partnership

GPO 1999 55-195 (mac)

Use additional sheets if more space is required

99 MAY 17 AM 10: 26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (16)
(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

Henry Bonilla
(Full Name)

19 Sanctuary
(Mailing Address)

San Antonio TX 78248

Daytime Telephone (202)225-4511

Filer Status [X] Member of the U S House of Representatives — State TX District 23 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more th 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [X] No [ ]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to Civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5-13-99

Name Henry Bonilla	Page 1 of 1

SCHEDULE I. EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$10,000 $9,000 $1,000 NA
	Belo Management Services	Spouse Salary	NA
	Guerra DeBerry & Company	Spouse Professional Services	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry Bonilla | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
National Council of Educational Opportunity Association		Speech	Sept. 28, 1998	$2,000.00

Name Henry Bonilla	Page 1 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT USAA Income Stock Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	NA
JT USAA Federal Savings Bank	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT USAA Life Insurance Company	$50,001 - $100,000	Interest	NA	NA
JT CMS Energy Corp	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT DST Systems Inc DEL	$15,001 - $50,000	None	None	P
JT EMC Corporation Mass	$50,001 - $100,000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Harte-Hanks	$100,001 - $250,000	Dividends	$201 - $1,000	NA
JT	Health Mgmt Assocs Inc A	$50,001 - $100,000	None	None	NA
JT	Pinnacle West Cap Corp	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
JT	Pub Svc New Mex PV $5	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	Southern Company	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	Symbol Technologies Dela	$15,001 - $50,000	Dividends	None	P
JT	Teco Energy Inc	$15,001 - $50,000	Dividends	$201 - $1,000	P
JT	Tellabs Inc Del PV 1ct	$15,001 - $50,000	None	None	NA
JT	Trigon Healthcare Inca	$15,001 - $50,000	None	None	P
JT	BEC Energy	None	Capital Gains and Dividends	$15,001 - $50,000	S
JT	Boston Edison PV10	None	Dividends	$201 - $1,000	S
JT	DPL Inc	None	Capital Gains and Dividends	$2,501 - $5,000	S
JT	Edison Intl Calif	None	Capital Gains and Dividends	$5,001 - $15,000	S
JT	GPU Inc	None	Capital Gains and Dividends	$5,001 - $15,000	S
JT	J P Morgan & Co Inc	None	Capital Gains and Dividends	$1,001 - $2,500	S
JT	New Century Energies Inc	None	Capital Gains and Dividends	$5,001 - $15,000	S
JT	Thomas&Betts CP Tenn NPV	None	Capital Gains and Dividends	$1,001 - $2,500	S
SP	Borders Group Inc	$15,001 - $50,000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	BMC Software Inc	$1,001 - $15,000	None	None	P
SP	Brinker Intl Inc	$15,001 - $50,000	None	None	P
SP	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	Cisco Systems Inc	$15,001 - $50,000	None	None	P
SP	Dell Computer	$50,001 - $100,000	None	None	P
SP	EMC Corporation Mass	$100,001 - $250,000	None	None	NA
SP	Flexsteel Inds Inc	$1,001 - $15,000	Dividends	$201 - $1,000	P
SP	General Cable Corp	$15,001 - $50,000	Dividends	$1 - $200	P
SP	HCR Manor Care Inc	$15,001 - $50,000	None	None	E
SP	Intimate Brands Inc CL A	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Intl Home Foods Inc	$15,001 - $50,000	None	None	P
SP	Lexmark Intl GP Inc CL A	$15,001 - $50,000	None	None	P
SP	Mercury Interactive Corp	$1,001 - $15,000	None	None	P
SP	Mail-Well Inc PV$0.01Col	$1,001 - $15,000	None	None	P
SP	MBNA Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Microsoft Corp	$100,001 - $250,000	None	None	NA
SP	99 Cents Only Stores	$15,001 - $50,000	None	None	P
SP	RobertHalf Intl Com	$15,001 - $50,000	None	None	NA
SP	SCI Sys Inc	$15,001 - $50,000	None	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Safeskin Corp	$15.001 - $50.000	None	None	NA
SP	Schering Plough Corp	$15.001 - $50.000	Dividends	$201 - $1.000	P
SP	Teco Energy Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
SP	Tellabs Inc Del PV 1ct	$15.001 - $50.000	None	None	NA
SP	Total Renal Care Hldgs	$1.001 - $15.000	None	None	NA
SP	Waters Corp	$15.001 - $50.000	None	None	P
DC	Apartment Invt & Mgmt Co	$1.001 - $15.000	None	None	P
DC	Archstone Communities TR	$1.001 - $15.000	None	None	P
DC	Boston PPTYS Inc	$1.001 - $15.000	None	None	P
DC	Colonial PPTYS T SBI ALA	$1.001 - $15.000	None	None	P
DC	CMS Energy Corp	$15.001 - $50.000	Dividends	$201 - $1.000	NA
DC	Cousins Props Inc	$1.001 - $15.000	Dividends	$201 - $1.000	NA
DC	Highwoods PPTYS Inc	$1.001 - $15.000	None	None	P
DC	Kimco	$1.001 - $15.000	None	None	P
DC	Sunstone Hot Investors	$1.001 - $15.000	None	None	P
DC	Bedford PPTY Invs Inc	None	Dividends	$201 - $1.000	S
DC	Crescent Real Est Eq Tex	None	Dividends	$201 - $1.000	S
DC	Equity Office PPTYS SBI	None	Dividends	$201 - $1.000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	Felcor	None	Dividends	$201 - $1,000	S
DC	Starwood	None	Dividends	$201 - $1,000	S
DC	Colonial PPTYS T SBI ALA	$1,001 - $15,000	None	None	P
DC	Chelsea GCA Realty Inc	$1,001 - $15,000	Dividends	$201 - $1,000	NA
DC	CMS Energy Corp	$15,001 - $50,000	Dividends	$201 - $1,000	NA
DC	Harte-Hanks	$1,001 - $15,000	Dividends	$1 - $200	NA
DC	Post Properties Inc	$1,001 - $15,000	Dividends	$201 - $1,000	NA
JT	ML Media Partners LP 86	$15,001 - $50,000	Interest	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	*Mega Corporation Common Stock*	Purchase	10/12/1998	$15,001 - $50,000
JT	DST Systems Inc Del	Purchase	09/10/98	$15,001 - $50,000
JT	Pub Svc New Mex PV $5	Purchase	09/10/98	$15,001 - $50,000
JT	Southern Company	Purchase	09/10/98	$15,001 - $50,000
JT	Symbol Technologies Dela	Purchase	09/10/98	$15,001 - $50,000
JT	Teco Energy Inc	Purchase	09/10/98	$15,001 - $50,000
JT	Trigon Healthcare Inca	Purchase	09/10/98	$15,001 - $50,000
JT	BEC Energy	Sold	09/10/98	$15,001 - $50,000
JT	DPL Inc	Sold	09/10/98	$15,001 - $50,000
JT	Edison Intl Calif	Sold	09/10/98	$15,001 - $50,000
JT	GPU Inc	Sold	09/10/98	$15,001 - $50,000
JT	J P Morgan & Co Inc	Sold	09/10/98	$1,001 - $15,000
JT	New Century Energies Inc	Sold	09/10/98	$15,001 - $50,000
JT	Thomas&Betts CP Tenn NPV	Sold	09/10/98	$1,001 - $15,000
JT	Callaway Golf Co COM	Sold	09/10/98	$1,001 - $15,000
JT	Niag Mohawk Pwr Corp	Sold	11/24/98	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Boston Edison PV10	Exchanec	05/26/98	$15,001 - $50,000
JT	BEC Energy	Exchanec	05/26/98	$15,001 - $50,000
SP	BMC Software Inc	Purchase	11/24/98	$1,001 - $15,000
SP	Brinker Intl Inc	Purchase	09/10/98	$15,001 - $50,000
SP	Cisco Systems Inc	Purchase	09/10/98	$15,001 - $50,000
SP	Dell Computer Corp	Purchase	01/15/98	$15,001 - $50,000
SP	Flexsteel Inds Inc	Purchase	11/24/98	$1,001 - $15,000
SP	General Cable Corp	Purchase	01/15/98	$15,001 - $50,000
SP	Intimate Brands Inc CL A	Purchase	01/15/98	$15,001 - $50,000
SP	Intl Home Foods Inc	Purchase	09/10/98	$15,001 - $50,000
SP	Lexmark Intl GP Inc CL A	Purchase	09/10/98	$15,001 - $50,000
SP	Mercury Interactive Corp	Purchase	11/24/98	$1,001 - $15,000
SP	Mail-Well Inc PV$0.01Col	Purchase	01/15/98	$15,001 - $50,000
SP	MBNA Corp	Purchase	01/15/98	$15,001 - $50,000
SP	99 Cents Only Stores	Purchase	09/10/98	$15,001 - $50,000
SP	Schering Plough Corp	Purchase	01/15/98	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	*Mega Corporation Common Stock*	Purchase	10/12/1998	$15,001 - $50,000
SP	Waters Corp	Purchase	09/10/98	$15,001 - $50,000
SP	AMR Corp Del	Purchase	01/15/98	$1,001 - $15,000
SP	Peoplesoft Inc	Purchase	01/15/98	$15,001 - $50,000
SP	Sunamerica Inc	Purchase	01/15/98	$15,001 - $50,000
SP	AMR Corp Del	Sold	11/24/98	$1,001 - $15,000
SP	Peoplesoft Inc	Sold	11/24/98	$1,001 - $15,000
SP	Sunamerica Inc	Sold	09/10/98	$15,001 - $50,000
SP	Niag Mohawk Pwr Corp	Sold	11/24/98	$1,001 - $15,000
SP	Barnes & Noble Inc	Sold	09/10/98	$1,001 - $15,000
SP	Brylane	Sold	09/10/98	$1,001 - $15,000
SP	Campbell Soup Co	Sold	09/10/98	$15,001 - $50,000
SP	Lyondell Chemical PV $1	Sold	09/10/98	$1,001 - $15,000
SP	Northern Telecom Ltd	Sold	09/10/98	$15,001 - $50,000
SP	Coca Cola Com	Sold	01/15/98	$1,001 - $15,000
SP	Kemet Corp	Sold	01/15/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Merck&Co Inc	Sold	01/15/98	$15,001 - $50,000
SP	HCR Manor Care Inc	Exchanee	09/28/98	$15,001 - $50,000
SP	Hlth Cre&Rct Corp Del	Exchanee	09/28/98	$15,001 - $50,000
SP	Bay Network Inc PV$0.01	Exchanee	09/01/98	$15,001 - $50,000
SP	Northern Telecom Ltd	Exchanee	09/01/98	$15,001 - $50,000
DC	Apartment Invt & Mgmt Co	Purchase	11/24/98	$1,001 - $15,000
DC	Archstone Communities TR	Purchase	11/24/98	$1,001 - $15,000
DC	Boston PPTYS Inc	Purchase	11/24/98	$1,001 - $15,000
DC	Colonial PPTYS T SBI ALA	Purchase	11/24/98	$1,001 - $15,000
DC	Highwoods PPTYS Inc	Purchase	11/24/98	$1,001 - $15,000
DC	Kimco	Purchase	11/24/98	$1,001 - $15,000
DC	Sunstone Hot Investors	Purchase	11/24/98	$1,001 - $15,000
DC	Bedford PPTY Invs Inc	Sold	11/24/98	$1,001 - $15,000
DC	Crescent Real Est Eq Tex	Sold	11/24/98	$1,001 - $15,000
DC	Equity Office PPTYS SBI	Sold	11/24/98	$1,001 - $15,000
DC	Felcor	Sold	11/24/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1996	$15,001 - $50,000
DC	Starwood	Sold	11/24/98	$1,001 - $15,000
DC	Colonial PPTYS T SBI ALA	Purchase	11/24/98	$1,001 - $15,000
DC	Niag Mohawk Pwr Corp	Sold	11/24/98	$1,001 - $15,000
DC	Niag Mohawk Pwr Corp	Sold	01/02/98	$1,001 - $15,000

Name Henry Bonilla | **Page** 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liabilit
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	VISA	Revolving charge account	$10,001 - $15,000

Name Henry Bonilla | Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 108th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Bexar County Medical Society Foundation	1998 Honorees Award (framed photograph)	$500.00

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expen
Examples Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Association of Community Health Centers	August 21-23, 1998	San Antonio-New York-San Antonio	Y	Y	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 JUN 15 PM 1:23
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U.S. HOUSE OF REPRESENTATIVES
(3)
MC
(Office Use Only)

HENRY BONILLA
(Full Name)

19 SANCTUARY
SAN ANTONIO, TX 78248
(Mailing Address)

Daytime Telephone (202) 225-4511

Filer Status	[X] Member of the U.S. House of Representatives	State / District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 17)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X] No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 6-15-99

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HENRY BONILLA | Page ___ of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	SUNAMERICA INC.	✓															✓									✓						S
SP	CAMPBELL SOUP CO.	✓															✓									✓						S
SP	NORTHERN TELECOM LTD.	✓															✓									✓						S
SP	MERCK & CO. INC.	✓															✓										✓					S
SP	ML MEDIA PARTNERS				✓											✓	✓							✓								

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SCHEDULE IV — TRANSACTIONS

Name HENRY BONILLA | Page ___ of ___

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
SP	LYONDELL PETROCHEMICAL	X			1-15-98		X								

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 3:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

David Edward Bonior
(Full Name)

25 - Dickinson - Unit 1
(Mailing Address)

Daytime Telephone

Mount Clemens, Michigan 48043 — 202-225-3130

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 10	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David E. Bonior

DATE (Month/Day/Year): May 17, 1999

Name	Page
David Edward Bonior	2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
The Connell Company	Speech	May 15,1998	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: David Edward Bonior

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Examples				
SP	Mega Corp. Stock	A: None	DIVIDENDS: X	I: None	P
	Simon & Schuster	B: $1 – $1,000	RENT	II: $1 – $200	
		C: $1,001 – $15,000	INTEREST	III: $201 – $1,000	
		D: $15,001 – $50,000	CAPITAL GAINS	IV: $1,001 – $2,500: X	
		E: $50,001 – $100,000	EXCEPTED TRUST	V: $2,501 – $5,000	
		F: $100,001 – $250,000: X	QUALIFIED BLIND TRUST	VI: $5,001 – $15,000	
		G: $250,001 – $500,000	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	VII: $15,001 – $50,000	
		H: $500,001 – $1,000,000		VIII: $50,001 – $100,000	
		I: $1,000,001 – $5,000,000		IX: $100,001 – $1,000,000: X	
		J: $5,000,001 – $25,000,000		X: $1,000,001 – $5,000,000	
		K: $25,000,001 – $50,000,000		XI: Over $5,000,000	
		L: Over $50,000,000			
JT	1st Bank of Paducah, KY accounts	Indefinite	Royalties		
	Wright Patman Cong.FCU	C: X	INTEREST: X	II: X	
SP	Wright Patman Cong.FCU	C: X	INTEREST: X	II: X	
SP	Wright Patman Cong.FCU	F: X	DIVIDENDS: X	I: N/A – IRA	
SP	Evergreen Funds Small Co.Growth Fund	K: X			
JT	Community Central Bank	B: X	INTEREST: X	II: X	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Edward Bonior

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
SP	Evergreen Funds Small Co.Growth Fund A Reinvest Capital Gains	X			11-24-98	X									
SP	Evergreen Funds Small Co.Growth A Redemption		X		3-3-98	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
United Auto Workers (UAW)	Jan. 29	Wash.,D.C.-Detroit-Wash.,D.C.	N	N	N	N
Citizens Trade Campaign	Feb.17-19	Wash.,D.C.-Atlanta-Columbus,Ga-Tallahassee-Gainesville-Wash.,D.C.	N	Y	N	N
Citizens Trade Campaign	April 6-9	Baltimore-Tijuana,Mexico San Diego-LA-Modesto-San Francisco-Baltimore	N	Y	N	N
International Union of Operating Engineers	April26-28	Pittsburgh-Orlando-Wash., D. C.	Y	Y	Y	N
The Congressional Institute, Inc.	April 30-May 1	Drove at own expense	Y	Y	Y	N
The Connell Company	May 15-16	Wash.,D.C.-Newark-Atlantic City-Detroit *	N	Y	Y	N
The Madison Institute	July 1-2	Chicago-Madison,Wisc.-Detroit	Y	Y	Y	N
Brotherhood of Railroad Engineers	July 12-1	Ft.Lauderdale-Cincinnati-Wash.,D.C.	Y	N	N	N
Islamic Society of America	Sept.4-5	Detroit-St.Louis-Detroit	Y	N	Y	N
American Muslim Alliance	Oct. 3	Wash.,D.C.-New York-Wash.,D.C.	N	N	Y	N
Centre College	Oct.28-29	Detroit-Lexington, Ky.-Detroit	N	N	N	N
University of California at Berkley	Dec.3-7	Wash.,D.C.-San Francisco-Wash.,D.C.	Y	Y	Y	1 Day

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Muslim American Youth Association	Dec.26-27	Wash.,D.C.-Detroit-Wash.,D.C.	Y	N	N	N

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** - The Atlantic City Part of this trip was paid for by a Federal Political Committee.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University
Advisory Board Member	Flagler College - Center on Government and Public Policy

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 1999 65-195 (mac)

Use additional sheets if more space is required

HAND DELIVERED

DAVID E. BONIOR
10TH DISTRICT, MICHIGAN

WASHINGTON OFFICE:
2207 RAYBURN OFFICE BUILDING
WASHINGTON, DC 20515
TEL.: (202) 225-2106
FAX (202) 226-1169
TTY AVAILABLE

Congress of the United States
House of Representatives
Washington, DC 20515

HOME OFFICES:
59 NORTH WALNUT, SUITE 305
MOUNT CLEMENS, MI 48043
TEL: (810) 469-3232
FAX: (810) 469-7950
TTY AVAILABLE

526 WATER STREET
PORT HURON, MI 48060
TEL: (810) 987-8889
FAX AVAILABLE

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June 2, 1999

Clerk of the House
U.S. House of Representatives
B-106 Cannon House Office Building
Washington, DC 20515

To Whom it May Concern:

While checking on my 1998 Financial Disclosure Forms I noticed on page 3 that the wrong box was checked in the category of Block B indicating the Value of Asset for the Evergreen Fund. Attached is a new copy showing the corrected amount.

Thank you for your help and cooperation in this matter. If you have any questions you can contact me or Paula Short at (202) 225-3130.

Sincerely,

David E. Bonior
Member of Congress

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Name David Edward Bonior

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a value of more than other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples* Mega Corp Stock					X								X																		P
	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts					X										X																
	Wright Patman Cong.FCU			X												X						X										
SP	Wright Patman Cong.FCU			X												X						X										
SP	Wright Patman Cong.FCU				X									X							N/A	-		IRA								
SP	Evergreen Funds Small Co. Growth Fund				X																											P,S
JT	Community Central Bank		X													X						X										

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

9

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Mary Bono
(Full Name)

64505 Via Amante
(Mailing Address)

Daytime Telephone
(760) 325-7348

Palm Springs, CA 92264

Filer Status	[X] Member of the U.S. House of Representatives — State CA, District 44	[X] Officer or Employee	Employing Office: HR/Member Services
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL
X Mary Bono

DATE (Month/Day/Year)
X 6/8/99

Name	Page 1 of 8
Mary Bono	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Aftra Retirement Fund	Spouse Pension (rollover)	5,126
Aftra Retirement Fund	Spouse Pension	32,043
Screen Actors Guild Producers	Spouse Pension (rollover)	66,970
National Finance Center Thrift Savings	Spouse Pension (rollover)	37,185

For payments to charity in lieu of honoraria, use Schedule II.

Name	Mary Bono	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1998	$2,000
	XYZ Magazine	Article	Aug 13, 1998	$500

This page may be copied if more space is required

Name Mary Bono

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X																		
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X																
	Union Bank of CA					X										X								X								
	Provident Life Ins	X														X						X										
	Congressional Credit Union				X											X						X										
	Metlife Invest.	X														X										X						
	Provident Life Ins	X														X						X										
	Merril Lynch CMA							X						X										X								

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mary Bono

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
	Equity Inc.-S&P 500						X							X			X								X							
	MerrillLynch Muni Bonds						X									X										X						
JT	Merrill Lynch-CMA	X												X										X								
JT	Equity Inc-S&P 500	X												X			X						X									
DC	CATS Series M Bond				X											X								X								
DC	CATS Series P Bond				X											X								X								
DC	Equity Inc-S&P 500				X									X			X							X								
DC	ML CMA/Ready Asset		X											X								X										
DC	Finc. Corp. Strips				X											X							X									
DC	US Treasury Strips				X											X								X								
DC	CD First Nationwide	X														X							X									
DC	Equity Inc-S&P 500				X									X			X								X							
DC	ML CMA/Ready Asset		X											X								X										
DC	LA County Bonds			X										Paid on Maturity							Paid on Maturity											
	ML CMA - IRA		X											X								X										
	FNCG Corp. Strips-IRA						X							Paid on Maturity							Paid on Maturity											
	Equity Inc-S&P 500-IRA					X								X								X										
	Union Bank of CA-IRA	X														X						X										

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SCHEDULE IV — TRANSACTIONS

Name Mary Bono

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
DC	CD Calif. Fed Bank (1st Nationwide)		X		4-13-98		X								
	San Diego Cnty. CA Bonds	X			7-21-98			X							
	San Francisco CA City & Co. Bonds	X			7-21-98		X								
	San Francisco CA County & Co. Bonds	X			7-21-98		X								
	Calif. State Public Wk. Bonds	X			7-21-98		X								
	Calif. State Prin. Mtigr. Bonds	X			7-23-98		X								
	San Francisco CA State Bldg. Bonds	X			7-21-98		X								
	Los Angeles Co. CA Pub. Wk. Bonds	X			7-21-98		X								
	Las Virgenes CA Muni. Water Bonds	X			7-21-98		X								
	Equity Income Fund S&P 500	X			7-22-98			X							
DC	Financing Corp. Strips	X			6-9-98		X								
	Financing Corp. Strips (IRA)	X			6-9-98			X							
	FING CRP Strip (IRA)	X			6-15-98		X								
	Equity Income Fund S&P 500 (IRA)	X			6-10-98			X							
	Equity Income Fund S&P 500 (IRA)	X			6-15-98	X									

This page may be copied if more space is required.

Name Mary Bono | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Mary Bono | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

Name	Page 8 of 8
Mary Bono	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
President	Sonny Bono, Inc.
Pre [illegible]	Cher Enterprises, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

Use additional sheets if more space [illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 3:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC (Office Use Only)

Robert A. Borski
(Full Name)

2267 Rayburn HOB, Washington, DC 20515 (202) 225-8251
(Mailing Address) Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State PA, District 3 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 17) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**		X
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/13/99

Name Robert A. Borski, MC | Page 2 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
RTM STAR Center, Ft. Lauderdale, FL	Speech	Feb. 21, 1998	$1,000

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Name Robert A. Borski, MC | Page 3 of 3

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash, D.C — Chicago—Wash, D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Maritime Officers	Feb 20-23	Phil, PA - Ft. Lauderdale, FL - Phil,PA	Y	Y	Y	N
	Eastern General Managers' Association	July 10-12	wash, DC-Williamsburg, VA - Wash, DC	Y	Y	Y	N
	AMTRAK	Dec 14-15	Phil, PA - Burlington, VT - Phil, PA	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Leonard L. Boswell
(Full Name)

RR1 Box 130
(Mailing Address)

Davis City, IA 50065

202-225 3806
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State IA District 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Leonard L. Boswell

DATE (Month/Day/Year): 5-13-99

Name Leonard L. Boswell | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Lamoni Community School	Spouse Salary	26827.42
	Excel Communication Corporation	Spouse Commission	826.61
	State of Iowa	Legislative Pension	7643.18

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Leonard L. Boswell | Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source		Value of Asset (Block B)	Type of Income (Block C)	Amount of Income (Block D)	Transaction (Block E)
SP		SP	Mega Corp Stock	DIVIDENDS	$1,001 – $2,500	P
DC	*Examples*		Simon & Schuster	Royalties	$100,001 – $1,000,000	
JT			1st Bank of Paducah, KY accounts	INTEREST	$5,001 – $15,000	
	Agricultural Land 475 Acres IA, New Buda & Grinnell Township Decatur County		$250,001 – $500,000	CAPITAL GAINS / EXCEPTED TRUST	N/A	
	Farm Equipment		$100,001 – $250,000	CAPITAL GAINS / EXCEPTED TRUST	N/A	
	U.S West Cellular		$1,001 – $2,500	RENT	$2,501 – $5,000	
	Breeding Stock		$100,001 – $250,000	Sale of Calves	$15,001 – $50,000	
	Hay		$1,001 – $2,500	Hay sold off farm	$2,501 – $5,000	
	Citizens State Bank, Lisbon IA		$1,001 – $2,500	INTEREST	$201 – $1,000	
	WHITCO OUTDOOR SIGNS		$1,001 – $2,500	RENT	$201 – $1,000	
	Farmer's COOP, Lamoni IA Deferred Patronage		$1,001 – $2,500	DIVIDENDS	$201 – $1,000	

For additional assets and unearned income, use next page.

Name Leonard L. Boswell | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Sale of calves		X		11-15-98		X								

This page may be copied if more space is required.

Name Leonard L. Boswell | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens State Bank, Leon, IA	Loan on Machinery	X									
	" " " "	Farm Operating Loan		X								
	" " " "	Mortgage on Land, Burnell Twp, Decatur Co IA		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
CENTER
99 MAY 14 AM 10: 55

Frederick C. Boucher
(Full Name)

2329 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-3861

INSIDE MAIL (X)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Virginia District 9	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date.

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [Y]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL Frederick C. Boucher

DATE (Month/Day/Year) May 10, 1999

Name Frederick C. Boucher

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	Block B											Block C								Block D											Block E
				A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X								X										X								P
			Simon & Schuster				Indefinite															Royalties								X				
			1st Bank of Paducah, KY accounts						X									X																
	Nationsbank-Checking Acct.					X												X							X									
	1st Va. Bank-Savings Acct.						X											X							X									S
	Individual Retirement Acct.-NationsSecurities						X									X		X								X								
	1st Va. Bank - Preferred Stock					X										X								X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Frederick C. Boucher

Page 3 of 8

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Community Nat'l Bank- Common Stock			X										X								X										
	NationsSecurities- Savings Acct.				X											X								X								
	Mutual Fund- NationsSecurities				X									X			X								X							S
	Vanguard Mutual Fund				X									X			X							X								P
	Lot- Town of Damascus			X																												
	Lot - Washington Co.			X																												
	Fidelity-Mutual Fund			X										X								X										P
	United Co. Mutual Fund			X										X			X							X								P

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SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		X								
	Fidelity - Mutual Fund	X			12/28/98	X									
	United Company Mutual Fund Investments	X			9/8/98	X									
	First Virginia Bank-Savings Acct.		X		10/1/98	X									
	NationsSecurities-Mutual Fund		X		10/1/98		X								
	Vanguard Mutual Fund	X			10/1/98	X									

This page may be copied if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
See Attached							

This page may be copied if more space is required.

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

SOURCE	LOCATION	EXPENSES	DATE
Progress and Freedom Foundation	Aspen, Colorado	Travel from Washington, DC to Aspen, Colorado for speech to Telecommunications forum on status of Congressional debate on Internet policy issues Meals and lodging for two nights	8/23/98-8/25/98
The Religious Freedom Alliance	Saigon, Hanoi, and Hue, VN	Travel from Washington, DC for discussions with Vietnamese government officials concerning religious freedom and other human rights matters Meals and lodging for five nights	1/5/98-1/10/98
The Virginia Bankers Assn	White Sulfur Springs, West Virginia	Meals and Lodging for one night in association with keynote address to annual convention of the Virginia Bankers Association on bankruptcy reform legislation	6/21/98-6/22/98
The Religious Freedom Alliance	Eymet and Paris, France	Travel from Washington, DC and lodging for three nights in association with meetings with the Vietnamese refugee community and the Vietnamese Ambassador to France concerning religious freedom and other human rights issues	7/6/98-7/9/98

SCHEDULE VII
TRAVEL PAYMENTS AND REIMBURSEMENTS

SOURCE	LOCATION	EXPENSES	DATE
The Ripon Educational Fund	Madrid, Spain	Travel, meals and lodging for six nights in association with speech to and participation in Transatlantic Forum on telecommunications policy and the 1999 United States telecommunications agenda.	11/7/98-11/13/98

Name Frederick C. Boucher	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Member-Board of Directors	1st Virginia Bank - Mountain Empire

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

99 MAY 14 PM 2:27
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

8

F. Allen Boyd, Jr.
(Full Name)

Route 2, Box 33
Monticello, FL 32344
(Mailing Address)

Daytime Telephone 202-225-5235

Filer Status	[X] Member of the U.S. House of Representatives	State FL District 02	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app., 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: F. Allen Boyd, Jr.

DATE (Month/Day/Year): 5-14-99

382

Name F Allen Boyd, Jr	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas L. Folsom, Jr	Insurance Commission*on business prior to 1/7/97	$8,965.91

For payments to charity in lieu of honoraria, use Schedule II.

Name: F. Allen Boyd, Jr. | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraria. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C XYZ Magazine	Speech Article	Feb. 2, 1998 Aug. 13, 1998	$2,000 $ 500
	K-Mart	Race for Charity	9/98	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	ABC Bank Group	$100,001 - $250,000	Dividends	$2,501 - $5,000	
	Capital City Bank Group	$50,001 - $100,000	Dividends	$2,501 - $5,000	
	BCT Gin Co. Inc	$100,001 - $250,000	Dividends	$15,001 - $50,000	
	Basic Beef Masters	None	None	None	
	Wright Patterson Fed. Credit Union	$50,001 - $100,000	Interest	$1,001 - $2,500	
	Boyd Family Farms, Inc	$100,001 - $250,000	Stock	None	

Name F Allen Boyd, Jr | Page 2 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

F.A. Boyd & Sons, Inc.	$100,001 - $250,000	Stock	None	
FABJ, Inc.	None	None	None	
IDS/American Express IRA	$15,001 - $50,000	Retirement	$1,001 - $2,500	

Name F Allen Boyd, Jr	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Farm Credit Services, Monticello, Florida	Farm Loan	$500,001 - $1,000,000

Name F Allen Boyd, Jr | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
D-Dot Timberlands	January 2, 1998	Tallahassee-Jacksonville-DC	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President & Majority Stockholder	Boyd Family Farms, Inc
President	FABJ, Inc
Board Member	Jefferson County Farm Bureau

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED - CENTER
99 JUN 15 PM 2:31
CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Kevin Patrick Brady
(Full Name)

P O Box 8277
(Mailing Address)
The Woodlands TX 77387

Daytime Telephone
(202) 225-4901

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 08	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 6-15-99

Name Kevin Patrick Brady	Page of

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary Kevin Brady	$127,311.70
	Chase Bank of Texas, N.A.	Salary Spouse (Cathy)	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Kevin Patrick Brady | Page ___ of ___

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Annuity Fidelity VIP Growth Fund	$15,001 - $50,000	NA	None	NA
Annuity NEUB/BER AMT Growth Fund	$15,001 - $50,000	NA	None	NA
JT IRA Putnam Growth & Income Fund	$1 - $1,000	NA	None	NA
IRA Putnam U.S. Government Income Trust	None	NA	None	S
State of Texas Retirement System	$1,001 - $15,000	NA	None	NA
SP Chase Securities of Texas: Compaq Computer Stock	$15,001 - $50,000	NA	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Chase Retirement Plan	$15,001 - $50,000	NA	None	NA
SP	Chase Savings Retirement Plan 401k	$100,001 - $250,000	NA	None	NA
SP	Chase Manhattan Employee Stock Purchase Plan	$1,001 - $15,000	NA	None	NA
SP	Chase Securities Employee Stock Option Plan	$15,001 - $50,000	NA	None	NA
SP	Texas Commerce Bank Super Savings Account	$1,001 - $15,000	NA	None	NA
JT	Chase Bank of Texas Personal Checking Account	$1,001 - $15,000	NA	None	NA
	Pacific Life VUL	$1,001 - $15,000	NA	None	P
SP	Pacific Life VUL	$1 - $1,000	NA	None	P
	CNA Insurance	None	NA	None	P
SP	CNA Insurance	None	NA	None	P
	IRA Putnam International New Opportunities	$1,001 - $15,000	NA	None	P
	Farmers New World Life Insurance	$1,001 - $15,000	NA	None	P

Name Kevin Patrick Brady	Page ___ of ___

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
JT	IRA Putnam Growth & Income	Sold	4/21/98	$15,001 - $50,000
	IRA Putnam International New Opportunities	Purchase	4/8/98	$1,001 - $15,000
	IRA Putnam U.S. Government Income	Sold	4/8/98	$1,001 - $15,000
SP	Compaq Computer Stock	Purchase	2/11/98	$1,001 - $15,000

Name Kevin Patrick Brady	Page ____ of __

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Advisory Board Member	American Heart Association - Montgomery County Chapter
Advisory Board Member	Montgomery County Pachyderm Club
Advisory Board Member	Morton Blackwell Leadership Institute
Advisory Board Member	Women Helping Women, Inc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 21 AM 9
MAY 17 1999
(Office Use Only)

Robert A. Brady
(Full Name)

1301 Kimberly Drive
(Mailing Address)

Philadelphia PA 19151-2834

Daytime Telephone: 202 225-4731

Filer Status	[x] Member of the U S House of Representatives	State PA District 1	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Robert A. Brady

DATE (Month/Day/Year): 5/17/99

Name	Robert A. Brady	Page 2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Metropolitan Regional Council (Prior to taking office)	Salary	$15,657
	Pennsylvania Turnpike Commission (Prior to taking office)	Salary	$10,491
	Trustee of University of Pennsylvania (Prior to taking office)	Salary	$ 3,732
	Redevelopment Authority City of Philadelphia	Salary (Spouse)	$62,179

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert A. Brady

Page 3 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Sale Type, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples:* Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X										X						
	Phila. Federal Credit Union															X									X							
	Roxborough Manayunk Bank															X						X										
	City of Philadelphia			X																Pension Vesting	X										
	Pennsylvania Turnpike Commission				X															"	X											
	Metropolitan Reg. Council					X														"	X											

For additional assets and unearned income, use next page.

Name	Robert A. Brady	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Part-time Administrative Asst.	Metropolitan Regional Council

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
2/19/99	Metropolitan Regional Council	Member is a part-time administrative assistant. He receives no salary. His only compensation is a pension contribution of less than $14,000 a year to his pension account

GPO 1999 85-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 4:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

HON CORRINE BROWN
(Full Name)

2444 RAYBURN BLDG
WASHINGTON, DC 20515
(Mailing Address)

Daytime Telephone: 202-225-0123

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Corrine Brown

DATE (Month/Day/Year): May 13, 1999

Name HON CORRINE BROWN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B											Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock					X								X																		P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	1844 WILLOWOOD DR. JACKSONVILLE, FL					X									X									X								
	ACCOUNTS RECEIVABLE FOR SALE OF GATOR TRAVEL AGENCY, EMILIO F. TORRES, FERNANDO J ALVAREZ, FERNANDO A. ALVAREZ (DEBTORS)					X											X				X											

For additional assets and unearned income, use next page.

Name HON CORRINE BROWN | Page 3 of 4

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	HOUSING INVESTMENT INC, JACKSONVILLE, FL	MORTGAGE ON 1844 WILLOWOOD DR, JACKSONVILLE		X								
	BARNETT BANK OF FLORIDA	LOAN - PERSONAL			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Association of American Railroads	1/16-1/18	Jacksonville, FL - Carlsbad, CA - Jacksonville, FL	Y	Y	N	N
	Airports Council International-North America	1/26	Jacksonville, FL - Tampa, FL - Washington, DC	N	N	N	N
	Florida Airport Managers Assoc & Miami-Dade Aviation Dept	8/2 - 8/3	Jacksonville, FL - Miami, FL - Washington, DC	Y	Y	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 AM 10: 31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

George E. Brown, Jr.
(Full Name)

2300 Rayburn HOB
Washington, DC 20515
(Mailing Address)

202-225-6161
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 42	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: George E. Brown Jr.

DATE (Month/Day/Year): 5-17-99

Name George E. Brown, Jr.	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of California	Legislative pension	$7,146.42
	U.S. Government	spouse salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name George E. Brown, Jr. | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A		Block B												Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp. Stock				X								X										X								P
DC	*Examples:*		Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts				X										X									X							
JT	unimproved lot - LA, CA				X																	NA											
sp	2350-Osbun Rd, SB, CA				X											NA						NA											
JT	2695 Spruce St., SB, CA						X									X										X							S
JT	2036 Prince Albert, Riv, CA							X								X										X							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name George E. Brown, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	2695 Spruce St, SB,CA		X		12-23-98			X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Congressional Fed Credit Union	Visa/line of credit		X								
	Capstead Mortgage	mortgage-2036 Prince Albert Riv, CA				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	American Association for the Advancement of Science	Carey Award(Com on Standards rulingApril 23, 1998)	$5,000.00

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

Sherrod Brown
(Full Name)

2625 E. Erie
Lorain OH 44052
(Mailing Address)

225-3401
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State OH District 13	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION– Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sherrod Brown

DATE (Month/Day/Year) 5-12-99

Name Sherrod Brown | Page ___ of ___

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
Examples	Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X																
	Brown Lea Farm - OH				X										X										X							
	OH PERS				X											X								N/A								
	Nationwide (State net)					X								X										N/A								
	Calvert Fund			X										X									X									
	Ariel Mutual			X										X									X									
	Brumwell				X									X										X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherrod Brown

Page ___ of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	Am Growth - 20th Century				X									X											X						
	Fidelity Mutual - IRA			X												X								N/A							
	Narellier Fund			X										X							X										
	Muhlenkamp				X									X								X									

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SCHEDULE IV — TRANSACTIONS

Name Sherrod Brown | Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–98		X								
	Muhlenkamp		X			1-98	X									

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Name Sherrod Brown | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chinese Natl Assoc of Industry	Jan 11-15	Clev - Taiwan - Clev	Y	Y	N	N
	Faith & Politics Institute	Mar 6-8	Col - Birmingham - Col	Y	Y	Y	N
	Hewlett Foundation	Dec 3-6	Clev - SF/StL → DC	Y	Y	N	N
	S Illinois Univ Foundation	Dec 6-7	SF - StL - Carbondale - StL	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
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Edward G. Bryant
(Full Name)
430 Garland Rd
(Mailing Address)
Henderson, TN 38340

202-225-2811
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State TN District 07	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Edward G. Bryant

DATE (Month/Day/Year): April 30, 1999

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edward G. Bryant

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock				X									X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts					X										X										X						
JT	Money market Account Volunteer Bank				X											X							X									
	IRA - Mutual Fund Volunteer Bank				X											X								X								
SP	IRA Account Volunteer Bank				X											X							X									E S
SP	IRA - Mutual Fund USAA - San Antonio, TX				X									X									X									E P
DC	U.S. Savings Bonds				X									X										X								
DC	U.S. Savings Mutual Fund				X									X										X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edward G. BRYANT

Page 2 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	1699 Hollywood - Jackson, TN				X										X									X								
	U.S. Savings Bonds		X													X							X									

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SCHEDULE IV — TRANSACTIONS

Name Edward G. Barnart | Page 3 of 5

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		x								
SP	Certificate of Deposit (IRA) sale - Valley Bank		X		April, 1998	X									
SP	Mutual Fund (IRA) purchase	X			same	X									

This page may be copied if more space is required.

Name Edward G. Bryant | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	The Bank of Jackson, Jackson, TN	Mortgage on 1654 Hollywood Dr.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NBC News Production	Nov. 28-29	MEMPHIS WASH. MEMPHIS	Y	Y	N	—

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
99 MAY 17 PM 3:11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Richard Burr
(Full Name)

2634 Forest Drive
(Mailing Address)

Daytime Telephone: (202) 225-2071

Winston-Salem NC 27104

Filer Status		Member of the U.S. House of Representatives	State NC District 05		Officer or Employee	Employing Office
	X					

Report Type		Annual (May 15)		Amendment		Termination	Termination Date
	X						

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-13-99

SCHEDULE I. EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Graham and Boles Realty (wife) Winston-Salem, NC	Spouse Commission	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Richard Burr | Page 3 of 9

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb, 2 1998	$2,000
	XYZ Magazine	Article	Aug 13 1998	$ 500
	Kmart	Participation in Charity Event	September 16	$500 00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed*, provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
625 Polo Rd., Winston-Salem, NC	$50,001 - $100,000	Rent	$5,001 - $15,000	
SP Sara Lee Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP Southern National stock (BB&T)	$15,001 - $50,000	Dividends	$1 - $200	
SP Goldman Sachs Equity	$1,001 - $15,000	Dividends	$201 - $1,000	
SP Edward D. Jones cash money market	$1,001 - $15,000	Interest	$201 - $1,000	
SP Central Carolina Bank checking	$1 - $1,000	Interest	$1 - $200	
JT Piedmont Federal savings	$1,001 - $15,000	Interest	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	BB&T Savings	$1,001 - $15,000	Interest	$201 - $1,000	
DC	Edward D Jones cash market	$1,001 - $15,000	Interest	$1 - $200	
DC	Southern National stock (BB&T)	$15,001 - $50,000	Dividends	$201 - $1,000	
DC	Smallcap World Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	Edward D Jones cash	$15,001 - $50,000	Interest	$201 - $1,000	
	Federal National Mortgage Assn	$1,001 - $15,000	Interest	$201 - $1,000	S
	Tenn Valley Authority Bond	$1,001 - $15,000	Interest	$201 - $1,000	
SP	Graham and Boles Realty	$1,001 - $15,000	Dividends	$1,001 - $2,500	
DC	Lord Abbott Dev Growth Fund	$1,001 - $15,000	Dividends	$1 - $200	
	Putnam Income Fun	$15,001 - $50,000	Dividends	$2,501 - $5,000	
	Bond Fund of America	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Federal National Mortgage	Sold	11-23-98	$1,001 - $15,000

Name Richard Burr | Page 7 of 9

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owe spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Piedmont Federal Savings	625 Polo Rd , Winston-Salem, NC	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 5-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Consumer Electronics Manufacturers Association	January 8-14, 1998	Greensboro, NC- Las Vegas, NV-Greensboro, NC	Y	Y	Y	Yes
Carolinas 2000	June 4, 1998	Washington, DC- Charlotte, NC-Washington, DC	N	Y	N	No
Bellsouth	October 21, 1998	Washington, DC- Asheville, NC	N	N	N	No
Ripon Educational Fund	November 7-14, 1998	Greensboro, NC- Madrid, Spain-Greensboro, NC	Y	Y	Y	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Brenner Children's Hospital
Co-Chair	Partnership for a Drug Free North Carolina

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Danny Lee Burton
(Full Name)

2185 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515
Daytime Telephone (202)225-2276

Filer Status: [X] Member of the U.S. House of Representatives — State: Indiana District: 6 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 17) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Danny L. Burton

DATE (Month/Day/Year): 5/17/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Burton Agency - Spouse	Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	The American Preventive Medical Association Legal & Educational Foundation	Speech presented via videotape	May 7, 1998	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Danny Lee Burton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT			None; $1 – $1,000; $1,001 – $15,000; $15,001 – $50,000; $50,001 – $100,000; $100,001 – $250,000; $250,001 – $500,000; $500,001 – $1,000,000; $1,000,001 – $5,000,000; $5,000,001 – $25,000,000; $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	None; $1 – $200; $201 – $1,000; $1,001 – $2,500; $2,501 – $5,000; $5,001 – $15,000; $15,001 – $50,000; $50,001 – $100,000; $100,001 – $1,000,000; $1,000,001 – $5,000,000; Over $5,000,000	P, S, E
	Examples	SP	Mega Corp Stock			P
			Simon & Schuster	Royalties	Indefinite	
			1st Bank of Paducah, KY accounts			
	AGNICO EAGLE MINES LDT			X	X	
	CANYON RESOURCES		X	NONE	X	
	HOMESTAKE MINING		X	X	X	
	NEWMONT MINING (formerly Newmont Gold)		X	X	X	
	NUVEEN MUN.MKT. OPPOR		X	X	X	
	RIBI IMMUNOCHEM		X	NONE	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Danny Lee Burton

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	PRUDENTIAL GOVT SEC MM				X									X										X								
	PRUDENTIAL BALANCED FUND				X									X			X							X								
	PRUDENTIAL INTERMEDIATE GLOBAL INCOME				X									X			X							X								
	PRUDENTIAL WORLD FUND				X									X			X							X								
	PRUDENTIAL GOVT SEC MM		X											X								X										
SP	PRUDENTIAL BALANCED FUND				X									X			X							X								
SP	PRUDENTIAL INTERMEDIATE GLOBAL INCOME				X									X			X							X								
SP	PRUDENTIAL WORLD FUND				X									X			X							X								
SP	PRUDENTIAL GOVT SEC MM		X											X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny Lee Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Burton Agency				X															SEE SCHEDULE I												
	Harting Farm - Hancock Co.						X								X										X							
	Laurel Co. KY land (20 Acres)				X												NONE				X											
	Residential Rental																															
	1037 Mustang Court					X									X											X						
	Franklin, IN																															
	Residential Rentals (Dbls)																															
	2176-2181 Galaxy Dr.							X							X												X					
	Franklin, IN																															
	Lowery Farm, IN (33.3 Acres)						X								X										X							
	County View Estates																															
	Hancock Co., IN (6 Acres)						X										X										X					
	Burton Ranch					X											NONE				X											
	Johnson Co. Land (5 acres)				X												NONE						NONE									
	Johnson Co. Land (16.84 Ac						X										NONE						NONE									

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SCHEDULE IV — TRANSACTIONS

Name Danny Lee Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-98		X								
	County View Estates Lot (Hancock Co.)		X		5-20-98		X								

This page may be copied if more space is required.

Name Danny Lee Burton

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Citizens Bank of Central Indiana	2176-2181 Galaxy Drive Franklin, IN					X					
	Citizens Bank of Central Indiana	1037 Mustang Court Franklin, IN			X							
	Maurice and Helen Linville	16.84 Acres/Johnson Co., IN				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value or $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Center for Children Foundation, San Diego, CA	Oct.23-27	Indpls.IN-San Diego-Indpls.	Y	Y	N	N

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Name	Danny Lee Burton	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant (uncompensated)	Burton Agency
Honorary Chairman	National Defense Council Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1990 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
99 MAY 17 PM 1:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Stephen Earle Buyer
(Full Name)

227 Cannon House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
202/225-5037

Filer Status	[X] Member of the U S House of Representatives	State IN District 05	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Stephen Buyer

DATE (Month/Day/Year): May 17, 1999

Name Stephen Earle Buyer	Page 1 of 7

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$10,000 $9,000 $1,000 NA
	Schilli Transportation Services, Inc	Spouse Salary	NA
	Gambs,Mucker,Bauman & Seeger (Law Firm)	Attorney Fees for work prior to January 1, 1993 Case settled	$18,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Law Office, 103 W. Broadway, Monticello, Indiana	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
JT	Money Market Account, Charles Schwab, Indianapolis, Indiana	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
JT	Savings Account, Norwest Bank, Monticello, Indina	$1,001 - $15,000	Interest	$1 - $200	NA
	IRA, Charles Schwab, Indianapolis, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP	IRA, Charles Schwab, Indianpolis, Indiana	$100,001 - $250,000	Interest	$5,001 - $15,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Savings Account, Wright Patman Cong. FCU, Washington, DC	$1,001 - $15,000	Interest	$1 - $200	NA
	Checking Account, Wright Patman Cong. FCU, Washington, DC	$15,001 - $50,000	NA	None	NA
JT	Checking Account, Norwest Bank, Monticello, Indiana	$1,001 - $15,000	Interest	$201 - $1,000	NA
JT	Brightpoint, Inc., Common Stock	$50,001 - $100,000	Capital Gains	$5,001 - $15,000	S
JT	Brightpoint, Inc., Common Stock	$50,001 - $100,000	Capital Gains	$2,501 - $5,000	S
JT	Fleming Co., Common Stock	$50,001 - $100,000	Capital Gains	$5,001 - $15,000	S

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Brightpoint Inc., Common Stock	Sold	02/05/98	$50,001 - $100,000
JT	Brightpoint Inc , Common Stock	Sold	07/16/98	$50,001 - $100,000
JT	Fleming Co , Common Stock	Sold	12/04/98	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Small Business Administration, Denver, CO	Mortgage on Law Office, 103 W. Broadway, Monticello, Indiana	$10,001 - $15,000

Name Stephen Earle Buyer | Page 6 of 7

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Consumer Electronics Manufacturers Assoc.	01/08-11, 1998	Indianapolis-Las Vegas-Indianapolis	Y	Y	Y	None
United Parcel Service	05/25-26, 1998	Indianapolis-Guanajuato, Mexico-Indianapolis	Y	Y	N	None
Biomet Inc.	10/24/1998	Charleston, South Carolina-St. Petersburg, Florida-Indianapolis	N	N	N	None
American Dental Association	11/10/1998	Indianapolis-San Antonio-Indianapolis	N	N	N	None

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/31/92	Clients of former law practic	Fee agreements with former clients & referred law firms for payment when case are resolved All compensated work performed prior to January 1, 1993 *April 1998, case was resolved This agreement has been terminated

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 1:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHEN DRIVE
(Mailing Address)

MOBILE, AL 36693

Daytime Telephone (334) 690-2811

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: 1	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: X H. Callahan

DATE (Month/Day/Year): 5/17/99

Name HERBERT LEON CALLAHAN | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. HOUSE OF REPRESENTATIVES	SALARY	133,600

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name HERBERT LEON CALLAHAN

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	E, S, P
SP	Examples: Mega Corp Stock					X								X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	AMSOUTH BANK						X									X								X								
	FEDERAL CREDIT UNION					X										X								X								
	THE FINCH COMPANIES						X									X											X					
	REGIONS BANK			X												X											X					
	FROM "SUB S" CORPORATION PASS THROUGH ITEMS FURNITURE LEASING CORPORATION									X				X															X			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT LEON CALLAHAN

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P. S. E.
	FROM PARTNERSHIPS																															
	"PASS THROUGH ITEMS"																															
	H.B. DEVELOPMENT VENTURE				X											X						X										N/A
	DOUBLE M. JOINT VENTURE				X										X						X											N/A
	CHOCTAW COUNTY			X																NONE	X											N/A
	ALABAMA CAMP																															
	CORTE BUSINESS SERVICES			X										X							X											
	COMMON STOCK																															
	CHECKERS DRIVE IN			X										X							X											
	RESTAURANTS, INC.																															
	COMMON STOCK																															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K $50,000,000 or over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SOUTHTRUST BANK	PERSONAL	X									
	VICTOR T. HUDSON	PERSONAL	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 6 of 6
HERBERT LEON CALLAHAN	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	DOUBLE - M JOINT VENTURE
PARTNER	H.B. DEVELOPMENT
CHAIRMAN	FURNITURE LEASING CORP.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/31/94	SECURE IT SELF STORAGE	WHEN SECURE IT SELF STORAGE WAS SOLD IN 1994
		AGREEMENT TO SHARE NET PROFITS IF SOLD IN FIVE YEARS.

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

2 MAY 17 PM 4:10

(9)

Clerk of the Hon. U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

KENNETH STANTON CALVERT
(Full Name)

2201 Rayburn Building
(Mailing Address)

(202) 225-1986
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 43rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A ***$200 penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Kenneth S. Calvert

DATE (Month/Day/Year): 5/13/99

Name Kenneth Stanton Calvert | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1998	$2,000
	XYZ Magazine	Article	Aug 13, 1998	$500
	N/A			

This page may be copied if more space is required.

Name Kenneth Stanton Calvert | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	E: $50,001 – $100,000	F: $100,001 – $250,000	G: $250,001 – $500,000	H: $500,001 – $1,000,000	I: $1,000,001 – $5,000,000	J: $5,000,001 – $25,000,000	K: $25,000,001 – $50,000,000	L: Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	Block D: I: None	II: $1 – $200	III: $201 – $1,000	IV: $1,001 – $2,500	V: $2,501 – $5,000	VI: $5,001 – $15,000	VII: $15,001 – $50,000	VIII: $50,001 – $100,000	IX: $100,001 – $1,000,000	X: $1,000,001 – $5,000,000	XI: Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock				X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Peducah, KY accounts					X									X																
	Commercial Rental 63 W Grand, Corona,CA								X							X						X											
	Vacant Land Greenway Farms, TX								X							X						X											
	Vac Land,Green River Bus Park, Corona,CA							X										X															S
	Note Receivable Calvert Real Prop Inc						X										X											X					
	Ltd Partnership Western Ag, TCD's			X														X					X										
	Stock Calvert Real Prop, FNC, Corona,CA							X										X					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Kenneth Stanton Calvert

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Land-Temescal Creek																															
	Corona, CA						X								X								X									
	Comm'l Rental (27%)																															
	Main/Washburn,Corona						X								X											X						
	Vacant Land,Corona,CA																															
	Grand/Blaine LLC 12½%						X								X											X						
	Note Receivable																															
	Temescal Int. Prop						X									X										X						
	Ken Calvert For Cong. Comm. Loan Riverside, CA				X										LOAN		REPAYMENT				X											
	Citizens Bus, Bank Corona,CA Personal check/Sav				X																											

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SCHEDULE IV — TRANSACTIONS

Name Kenneth Stanton Calvert | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Vacant Land, Green River Business Pk Corona, CA (50%		X		4-16-98				X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	* Upland Bank, Upland, CA	Mortgage: 63 W Grand Corona,CA				X						
	Citizens Business Bank Corona CA	Mortgage: 63 W Grand Corona, CA				X						
	** City National Bank Los Angeles, CA	Personal note		X								
	Citizens Business Bank Corona, CA	Personal note		X								
	SWF 1996 Ltd Partnership Dallas, TX	Mortgage: Green River Business Park				X						

* Upland Bank paid with proceeds of Citizens Bank loan

** City National Bank paid with personal funds on 9-1-98

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Boeing North American, Inc	8-13-98	Corona - Seal Beach - Long Beach - Corona	N	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-155 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERY
(Office Use Only)

(9)

David Lee Camp
(Full Name)

5901 Woodview Pass
(Mailing Address)

(202)225-3561
Daytime Telephone

Midland, MI 48640

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dave Camp **DATE (Month/Day/Year)** May 14, 1999

Name David Lee Camp	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Nancy L. Camp - The Dow Chemical Company Employment terminated 01-01-1998	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name David Lee Camp	Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Lee Camp | Page 1 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	SP Mega Corp. Stock	F	DIVIDENDS	IV	P
Examples:	Simon & Schuster	B (Indefinite)	Royalties		
JT	1st Bank of Paducah, KY accounts	F	INTEREST		
	Camp Real Estate Agency Commercial Bldgs. in Michigan	B	CAPITAL GAINS		S
	Camp Agency - Note Receivable	A	INTEREST	II	
	Chemical Bank & Trust-Checking	C	INTEREST	II	
	Chemical Bank & Trust-Checking	C	INTEREST	II	
	Chemical Bank & Trust-Checking	C	INTEREST	II	
	Chemical Financial Corp.-Stock	F	DIVIDENDS	IV	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

Page 2 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	American Home Products - Stock						X							X										X								P
	Comerica, Inc. - Stock						X							X											X							
	Dow Chemical Company - Stock								X					X												X						S Partial
	H J Heinz - Stock						X							X										X								
	Kellogg - Stock				X									X										X								
	VanKampen Municipal Trust				X											X							X									
	A G Edwards - Centennial MMF				X									X		X								X								
	A G Edwards - IRA Account		(Consolidated Rollover IRA and Regular IRA)																													
	Centennial MMF (Previously																															
	Daily Cash Accumulation)Stock			X										X								X										
	Bond Fund of America - Stock				X									X											X							
	Bank of America-Prev. Barnett Banks Stock			X										X									X									
	Chemical Financial Corporation Stock				X									X									X									
	H J Heinz - Stock			X										X									X									
	Sellgman CMMNCTNS - Stock			X										X								X										
	Sellgman Growth Fund - Stock				X									X									X									
	Sellgman Henderson Global Fund Stock			X										X								X										
	Abbott Laboratories - Stock					X								X									X									
	American Water Works Company-Stock				X									X									X									
	Amgen - Stock				X									X								X										
	Walt Disney Company - Stock				X									X										X								
	General Electic - Stock					X								X										X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Leo Camp

Page 3 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Schering Plough - Stock			X										X								X										P
	Gillette - Stock					X								X									X									
	Hewlett Packard - Stock				X									X									X									P
	Home Depot - Stock						X							X									X									
	Intel - Stock						X							X								X										
	Proctor & Gamble - Stock				X									X									X									
	Sara Lee - Stock					X								X										X								
	Sprint Corporation - Stock					X								X									X									
	Bank of America - Stock				X									X									X									P
	Cisco Systems - Stock				X									X							X											P
	Commerce Bank Shares - Stock			X										X								X										
	Colgate Palmolive - Stock			X										X								X										P
	Dow Chemical Co. 401(K)						X							X		X					Not Applicable											
	Mich. State Empl. Def. Comp.				X											X								X								
	Keil Trust U/A - 03-05-98																															
	FBO N. L. Camp, Grantor																															
	Robert Keil, "Excepted Trust"																	X									X					

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SCHEDULE IV — TRANSACTIONS

Name David Lee Camp

Page 1 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Dow Chemical Company - Stock		X		05-13-98		X								
	Camp Real Estate Agency-Commercial Bldgs. in Michigan		X		05-29-98			X							
	American Home Products - Stock	X			12-16-98	X									
	Cisco Systems - Stock	X			01-21-98/01-26-98		X								
	Colgate Palmolive - Stock	X			01-26-98	X									
	Bank of America - Stock	X			01-21-98/01-26-98	X									
	Schering Plough - Stock	X			01-26-98	X									
	Hewlett Packard - Stock	X			06-05-98	X									

This page may be copied if more space is required.

Name David Lee Camp | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	A G Edwards & Sons, Inc.	Margin Account		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name David L. Camp	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO: 1999 65-195 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 PM 3:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MC

(30)

(Office Use Only)

Thomas J. Campbell
(Full Name)

2442 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-2631

Filer Status	[X] Member of the U S House of Representatives	State CA District 15	[ ] Officer or Employee	Employing Office	A $200 penalty shall be assessed against anyone who files more than 30 days late.
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas J. Campbell

NOTE: Copy of 1998 income tax return attached at the end of this report.

DATE (Month/Day/Year): 05/11/99

Name Thomas J Campbell	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Stanford Law School, Stanford, CA	Salary	$1,937.04
	UC Berkeley HAAS School Mangement, Berkeley, CA	Spouse's Salaray	NA
	*Including valuation of employer contributions to dental and retirement benefits.	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Offical Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	***General Motors Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	sold in part
SP	***Johnson & Johnson Corporation	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	NA
SP	***ITT Hartford Group, In.	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	***McDonald's Corporation	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Wells Fargo Checking Account	$1,001 - $15,000	Interest	$1 - $200	NA
JT	Wells Fargo Savings Account	$15,001 - $50,000	Interest	$201 - $1,000	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Wells Fargo Checking Account	$1,001 - $15,000	Interest	$1 - $200	NA
	Charles Schwab	$1 - $1,000	Interest	$201 - $1,000	NA
SP	The Reserve Fund (Ferris Baker Watts)	$1,001 - $15,000	Dividends	$201 - $1,000	S
	Lincoln National Life	$1 - $1,000	Dividends	$1 - $200	NA
SP	***Washington Mutual Fund	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP	First Virginia Bank Account	$1,001 - $15,000	Interest	$1 - $200	NA
SP	***Wheat First Money Market	$1,001 - $15,000	Dividends	$1 - $200	P AND S
SP	Georgian Wines L.L.C.	$15,001 - $50,000	Dividends	$1 - $200	NA
SP	***MFS Municipal Bond Fund Class A	$15,001 - $50,000	Interest	$201 - $1,000	NA
SP	***COMPAQ Computer Corp Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
SP	***Franklin Resources Stock	$15,001 - $50,000	Dividends	$1 - $200	Sold in part
SP	***LECG Inc. Stock	$1,001 - $15,000	Dividends	None	P
SP	***Pfizer Stock	$1,001 - $15,000	Dividends	$1 - $200	P
SP	***New Perspective Mutual Fund	$50,001 - $100,000	Interest	$201 - $1,000	P
SP	CBS Corp Stock	$1,001 - $15,000	Dividends	$1 - $200	P
SP	Lehman Bros. Holdings	$1,001 - $15,000	Dividends	$1 - $200	P
	Those securities marked *** are in the Susanne M. Campbell Family Ltd. Partnership.	None	Rent	None	NA
SP	30% Interest in Family Limited Partnership (List Attached)	$500,001 $1,000,000	Partnership Income	$5,001 - $15,000	Gift

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Martin Family Trust	$250,001 - $500,000	Remainder Interest	None	NA
SP	CRT Money Market	$15,001 - $50,000	Interest	$201 - $1,000	P
	Pillsbury Madison & Sutro Client Account	$1,001 - $15,000	Interest	$1 - $200	P

SPOUSE'S FAMILY LIMITED PARTNERSHIP

Schedule III, cont. Account Number [redacted]

Current Portfolio [redacted]

TYPE/DESCRIPTION	SYMBOL	QUANTITY	CURRENT PRICE	ESTIMATED VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
Bonds						
VIRGINIA ST HSG DEV AUTH MULTI FAM HSG MTG REV SER B CPN 6.700% DUE 11/01/21 DTD 10/01/78 CALL 04/23/99 @ 101.000 ACCRUED INT 139.60		5,000	103.3750	5,168.75	335	6.4
VIRGINIA HSG DEV AUTH RESIDENTIAL MTG HSG REV SER A CPN 5.750% DUE 06/01/14 DTD 12/01/73 FC 06/01/74 CALL 04/23/99 @ 100.000 ACCRUED INT 191.70		10,000	100.1130	10,011.30	575	5.7
VIRGINIA ST HSG DEV AUTH CMNWLTH MTG SER C SUBSER C-6 CPN 6.250% DUE 01/01/15 DTD 06/15/92 FC 01/01/95 CALL 01/01/02 @ 102.000 ACCRUED INT 156.30		10,000	104.0260	10,402.60	625	6.0
VIRGINIA ST HSG DEV AUTH MULTI FAM SER E CPN 5.900% DUE 11/01/17 DTD 05/01/93 FC 11/01/93 CALL 11/01/03 @ 102.000 ACCRUED INT 1,229.00		50,000	105.0630	52,531.50	2,950	5.6
$3,078 IS THE TOTAL ESTIMATED ACCRUED INTEREST AS DETAILED ABOVE.						
TOTAL BONDS				181,794.30	10,835	6.0
Stocks						
AMERITECH CORP NEW	AIT	1,400	57.6250	80,675.00	1,778	2.2
BANK AMERICA CORP NEW COM	BAC	500	70.6250	35,312.50	900	2.5
BELL ATLANTIC CORP	BEL	1,200	51.6875	62,025.00	1,848	2.9
CHASE MANHATTAN CORP NEW	CMB	1,100	81.3750	89,512.50	1,804	2.0
CITICROUP INC	C	600	63.8750	38,325.00	432	1.1
COCA-COLA COMPANY	KO	3,000	61.3750	184,125.00	1,920	1.0
COMPAQ COMPUTER CORP	CPQ	1,000	31.6875	31,687.50	80	0.2
DU PONT E.I. DE NEMOURS AND COMPANY	DD	2,400	58.0625	139,350.00	3,360	2.4
EXXON CORP	XON	6,400	70.5625	451,600.00	10,496	2.3
FEDERAL NATIONAL MTG ASSN	FNM	800	69.2500	55,400.00	864	1.5
FIRST UNION CORP	FTU	600	53.4375	32,062.50	1,128	3.5
FLEET FINL GROUP INC NEW	FLT	600	37.6250	22,575.00	648	2.8
GANNETT CO INC DEL	GCI	9,600	63.0000	604,800.00	7,680	1.2
GENERAL ELECTRIC COMPANY	GE	400	110.6250	44,250.00	560	1.2
GILLETTE CO	G	600	59.4375	35,662.50	306	0.8
HARTFORD FINL SVCS GROUP INC	HIG	1,000	56.8125	56,812.50	880	1.5

---CONTINUED ON NEXT PAGE---

[redacted] Statement

FIRST UNION

SPOUSE'S FAMILY LIMITED PARTNERSHIP

Schedule III, cont.

Account Of: [redacted]

Account Number [redacted]

Current Portfolio continued

TYPE/DESCRIPTION	SYMBOL	QUANTITY	CURRENT PRICE	ESTIMATED VALUE	ESTIMATED ANNUAL INCOME	CURRENT YIELD
Stocks						
INTEL CORP	INTC	400	119.1250	47,650.00	96	0.2
ELI LILLY & CO	LLY	800	84.8750	67,900.00	736	1.0
PFIZER INCORPORATED	PFE	300	138.7500	41,625.00	264	0.6
SCHERING PLOUGH CORP	SGP	1,600	55.2500	88,400.00	704	0.7
VLASIC FOODS INTL INC	VL	40	12.9375	517.50	0	0.0
TOTAL STOCKS				2,210,267.70	36,484	1.7
Mutual Funds						
FIDELITY ADVISOR GROWTH OPPORTUNITIES	FAGOX	1,792.1810	49.6300	88,945.94	627	0.7
MFS VA MUNI BOND FUND CLASS A	MSVAX	8,354.6110	11.6000	96,913.48	4,511	4.6
NUVEEN MUNICIPAL INCOME FUND, INC	NMI	833	12.1875	10,152.18	574	5.6
TOTAL MUTUAL FUNDS				196,011.60	5,713	2.9

Estimated Annual Income and Current Yield refer to dividends and interest income only, and typically do not reflect total return.

TOTAL ESTIMATED PORTFOLIO VALUE				2,652,295.90	55,563	2.1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	*Mega Corporation Common Stock*	Purchase	10/12/1998	$15,001 - $50,000
SP	Martin Family Trust & Certain Family Ltd. Partnerships	Receipt of gift of shares	Throughout the year	$15,001 - $50,000
SP	Lehman Bros. Holdings	Sold	10/5/98	$1,001 - $15,000
SP	LECG Inc. Stock	Purchase	1/1/98	$1,001 - $15,000
SP	Global Crossings Stock	Purchase	1/1/98	$1,001 - $15,000
SP	American Mortgage Stock	Purchase	1/28/98	$1,001 - $15,000
SP	CENTOCOR Stock	Purchase	2/26/98	$1,001 - $15,000
SP	Franklin Securities Stock	Sold	8/11/98	$1,001 - $15,000
SP	General Motors	Sold	9/1/98	$15,001 - $50,000
SP	MIDCOM Stock	Purchase	3/23/98	$1,001 - $15,000
SP	Raytheon	Purchase	3/23/98	$1,001 - $15,000
SP	Speedway	Purchase	3/23/99	$1,001 - $15,000
SP	CRT Money Market	Purchase	1/1/98	$15,001 - $50,000
	Pillsbury Madison & Sutro, client account recognized	Purchase	1/1/98	$1,001 - $15,000
SP	Sales of stocks in Spouse's Family Limited Partnership (Spouse has 30% interest):			
SP	Campbell Soup Company	Sold	12/31/98	$1,001 - $15,000
SP	PFD Series D Fresenius Medical Care FMS ADR	Sold	12/31/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1995	$15,001 - $50,000
SP	Grace, W R & Company	Sold	12/31/98	$1,001 - $15,000
SP	Haliburton Company	Sold	12/31/98	$1,001 - $15,000
SP	Lehman Brothers	Sold	12/31/98	$1,001 - $15,000
SP	Rowan Companies	Sold	12/31/98	$1,001 - $15,000
SP	Schering Plough Corp	Sold	12/31/98	$15,001 - $50,000
SP	Sealed Air Corp New Pfd Conv. Ser. A	Sold	12/31/98	$1,001 - $15,000
SP	Sealed Air Corp New	Sold	12/31/98	$1,001 - $15,000
SP	Equitable Cos., Inc.	Sold	12/31/98	$1,001 - $15,000
SP	Travelers Group, Inc.	Sold	12/31/98	$1,001 - $15,000

Name Thomas J Campbell	Page __1 of __1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St Dover, Del	$100,001 - $250,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure–Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Brookings Institution		January 18-23, 1998	SFO-Tokyo	Y	Y	Y	none
Aspen Institute		April 13-17, 1998	SFO-Honolulu-Lanai	Y	Y	Y	none
Center for Middle-East Peace and Economic Cooperation		June 27-July 6, 1998	DC-JFK-London Heathrow-Qatar	Y	Y	Y	none
Aspen Institute		August 16-23, 1998	DC-Frankfurt-Budapest-	Y	Y	Y	none
University of Illinois		November, 12-13, 1998	San Jose-Chicago	Y	Y	N	none

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Professor (on leave)	Stanford Law School

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Indefinite	Stanford University and Tom Campbell	Tenured faculty member on leave, right to return to salaried position, employer contributions to dental and retirement plans continue while on leave, and ten dollars per month nominal salary.

FORM **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 1998

(99) IRS Use Only - Do not write or staple in this space

For the year Jan. 1 - Dec. 31, 1998, or other tax year beginning , 1998, ending , 19 OMB No 1545-0074

Label (See instructions on page 18.) Use the IRS label. Otherwise, please print or type

LABEL HERE

THOMAS J. CAMPBELL
SUSANNE M. CAMPBELL
20721 HENWOOD RD.
SAN JOSE, CA 95123

Your social security number: 347-38-4500
Spouse's social security number: 223-86-9242

IMPORTANT! You must enter your SSN(s) above.

Presidential Election Campaign (See page 18.)

	Yes	No
Do you want $3 to go to this fund?	X	
If a joint return, does your spouse want $3 to go to this fund?		X

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status Check only one box.

1 Single
2 [X] Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's soc. sec. no. above & full name here ▶
4 Head of household (with qualifying person). (See page 18.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 18.)

Exemptions

6a [X] **Yourself.** If your parent (or someone else) can claim you as a dependent on his or her tax return, **do not** check box 6a.
b [X] **Spouse**

No. of boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First Name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if qualifying child for child tax credit (see page 19)

No. of your children on 6c who: ● lived with you ● did not live with you due to divorce or separation (see page 19)

Dependents on 6c not entered above

If more than six dependents, see page 19.

Add numbers entered on lines above ▶ 2

d Total number of exemptions claimed 2

Income Attach Copy B of your Forms W-2, W-2G, and 1099-R here.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	164,708
8a	Taxable interest. Attach Schedule B if required	8a	2,465
b	Tax-exempt interest. DO NOT include on line 8a ...ST...2 8b 1,148		
9	Ordinary dividends. Attach Schedule B if required	9	4,490
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 21)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	4,164
14	Other gains or (losses). Attach Form 4797	14	
15a	Total IRA distributions ..... 15a b Taxable amount (see pg. 22)	15b	
16a	Total pensions and annuities 16a b Taxable amount (see pg. 22)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,525
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits ..... 20a b Taxable amount (see pg. 24)	20b	
21	Other income	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	177,352

If you did not get a W-2, see page 20.

Enclose, but do not attach any payment. Also, please use Form 1040-V.

Adjusted Gross Income

23	IRA deduction (see page 25)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 28)	28	
29	Keogh and self-employed SEP and SIMPLE plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid. b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	0
33	Subtract line 32 from line 22. This is your **adjusted gross income** ▶	33	177,352

If line 33 is under $30,095 (under $10,030 if a child did not live with you), see EIC inst. on page 36.

KFA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 51. Form **1040** (1998)

Form 1040 (1998) THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Tax and Credits	34 Amount from line 33 (adjusted gross income)			34	177,352
	35 a Check if: ☐ You were 65 or older, ☐ Blind, ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 35a				
Standard Deduction for Most People: Single $4,250; Head of household $6,250; Married filing jointly or Qualifying widow(er) $7,100; Married filing separately $3,550	b If you are married filing separately and your spouse itemizes deductions or you were a dual-status alien, see page 29 and check here ▶ 35b ☐				
	36 Enter the larger of your **itemized deductions** from Schedule A, line 28, OR **standard deduction** shown on the left. But see page 30 to find your standard deduction if you checked any box on line 35a or 35b or if someone can claim you as a dependent			36	57,541
	37 Subtract line 36 from line 34			37	119,811
	38 If line 34 is $93,400 or less, multiply $2,700 by the total number of exemptions claimed on line 6d. If line 34 is over $93,400, see the worksheet on page 30 for the amount to enter			38	5,400
	39 **Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-			39	114,411
	40 Tax. See page 30. Check if any tax from a ☐ Form(s) 8814 b ☐ Form 4972 ▶			40	26,588
	41 Credit for child and dependent care expenses. Att. Form 2441	41			
	42 Credit for the elderly or the disabled. Attach Schedule R	42			
	43 Child tax credit (see page 31)	43			
	44 Education credits. Attach Form 8863	44			
	45 Adoption credit. Attach Form 8839	45			
	46 Foreign tax credit. Attach Form 1116 if required	46	91		
	47 Other. Check if from a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify)	47			
	48 Add lines 41 through 47. These are your **total credits**			48	91
	49 Subtract line 48 from line 40. If line 48 is more than line 40, enter -0- ▶			49	26,497
Other Taxes	50 Self-employment tax. Att. Sch. SE			50	
	51 Alternative minimum tax. Attach Form 6251			51	
	52 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137			52	
	53 Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required			53	
	54 Advance earned income credit payments from Form(s) W-2			54	
	55 Household employment taxes. Attach Schedule H			55	
	56 Add lines 49 through 55. This is your **total tax** ▶			56	26,497
Payments	57 Federal income tax withheld from Forms W-2 and 1099	57	31,744		
	58 1998 estimated tax payments and amount applied from 1997 return	58			
Attach Forms W-2, and W-2G on the front. Also attach Form 1099-R if tax was withheld	59 a **Earned income credit.** Att. Sch. EIC if you have a qualifying child. b Nontaxable earned income: amt. ▶ and type ▶ NO	59a			
	60 Additional child tax credit. Attach Form 8812	60			
	61 Amount paid with Form 4868 (request for extension)	61			
	62 Excess social security and RRTA tax withheld (see page 43)	62	120		
	63 Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	63			
	64 Add lines 57, 58, 59a, and 60 through 63. These are your **total payments** ▶			64	31,864
Refund	65 If line 64 is more than line 56, subtract line 56 from line 64. This is the amount you **OVERPAID**			65	5,367
	66a Amount of line 65 you want **REFUNDED TO YOU** ▶			66a	5,367
Have it directly deposited! See page 44 and fill in 66b, 66c, and 66d.	b Routing number ▶ c Type: ☐ Checking ☐ Savings				
	d Account number				
	67 Amount of line 65 you want **APPLIED TO 1999 ESTIMATED TAX** ▶	67			
Amount You Owe	68 If line 56 is more than line 64, subtract line 64 from line 56. This is the **AMOUNT YOU OWE.** For details on how to pay, see page 44 ▶			68	
	69 Estimated tax penalty. Also include on line 68	69			

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 18. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime telephone number (optional)
		PROF./CONGRESSMAN	
Spouse's signature. If a joint return, BOTH must sign.	Date	Spouse's occupation	
DRAFT COPY	DRAFT COPY	UNIV ADMINISTRATOR	

Paid Preparer's Use Only

Preparer's signature ▶ PAUL D. HANCOCK	Date 4/29/99	Check if self-employed ☐	Preparer's social security no. 492-50-6760
Firm's name (or yours if self-employed) and address ▶ PAUL D. HANCOCK ACCTY CORP, 655 SKYWAY ROAD, SUITE 215, SAN CARLOS, CA		EIN 94-3305003	ZIP code 94070

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service (99)

Schedule A – Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074
1998
Attachment Sequence No. 07

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see page A-1)	1			
	2	Enter amount from Form 1040, line 34 . . [2]				
	3	Multiply line 2 above by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	5	State and local income taxes	5	12,374		
	6	Real estate taxes (see page A-2)	6	4,410		
	7	Personal property taxes	7	81		
(See page A-1)	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	16,865
Interest You Paid	10	Home mortgage interest and points reported on Form 1098 . STM...3	10	38,022		
(See page A-3)	11	Home mortgage interest not reported on Form 1098. If paid to the person from whom you bought the home, see page A-3 & show that person's name, ID no. & address ▶	11			
Note: Personal interest is not deductible	12	Points not reported on Form 1098. See page A-3	12			
	13	Investment interest. Attach Form 4952, if required. (See page A-3)	13			
	14	Add lines 10 through 13			14	38,022
Gifts to Charity	15	Gifts by cash or check. If any gift of $250 or more, see pg. A-4. ST...4	15	4,240		
If you made a gift and got a benefit for it, see page A-4.	16	Other than by cash or check. If any gift of $250 or more, see page A-4. You **MUST** attach Form 8283 if over $500	16			
	17	Carryover from prior year	17			
	18	Add lines 15 through 17			18	4,240
Casualty and Theft Losses	19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)			19	0
Job Expenses and Most Other Miscellaneous Deductions	20	Unreimbursed employee expenses – job travel, union dues, job education, etc. You **MUST** attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶ PROFESSIONAL SUBSCRIPTION 691	20	691		
	21	Tax preparation fees	21	550		
(See page A-6 for expenses to deduct here)	22	Other expenses – investment, safe deposit box, etc. List type and amount ▶ MAXIMUM CONGRESSIONAL EXP 1,112	22	1,112		
	23	Add lines 20 through 22	23	2,353		
	24	Enter amount from Form 1040, line 34 . . . . [24] 177,352				
	25	Multiply line 24 above by 2% (.02)	25	3,547		
	26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-			26	0
Other Miscellaneous Deductions	27	Other – from list on page A-6. List type and amount ▶			27	0
Total Itemized Deductions	28	Is Form 1040, line 34, over $124,500 (over $62,250 if married filing separately)? **NO.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter on Form 1040, line 36, the **larger** of this amount or your standard deduction. **YES.** Your deduction may be limited. See page A-6 for the amount to enter.	REDUCTION -1,586 ▶		28	57,541

Schedules A&B (Form 1040) 1998 — OMB No. 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side. — Your social security number

THOMAS J. AND SUSANNE M. CAMPBELL — 347-38-4500

Schedule B – Interest and Ordinary Dividends

Attachment Sequence No 08

Note: If you had over $400 in taxable interest income, you must also complete Part III.

Part I Interest (See pages 20 and B-1.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶		
CRT MONEY MARKET		855
FIRST VIRGINIA BANK		84
PILLSBURY MADISON SUTRO		45
WELLS FARGO CHECKING		18
WELLS FARGO MONEY MARKET		1,463
	1	
2 Add the amounts on line 1	2	2,465
3 Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040	3	
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	2,465

Note: If you had over $400 in ordinary dividends, you must also complete Part III.

Part II Ordinary Dividends (See pages 21 and B-1.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5 List name of payer. Include only ordinary dividends. Report any capital gain distributions on Schedule D, line 13 ▶		
KATHLEEN M. COLE FAMILY L.P.		731
MCDONALDS		14
SUSANNE M. CAMPBELL FAMILY L.P. LTD PTR		3,558
SUZANNE M. CAMPBELL FAMILY L.P. GEN PTR		74
WHEAT FIRST		113
	5	
6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9 ▶	6	4,490

Part III Foreign Accounts and Trusts (See page B-2.)

You must complete this part if you (a) had over $400 of interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 1998, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b If "Yes," enter the name of foreign country ▶		
8 During 1998, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040. ▶ See instructions for Schedule D (Form 1040).

▶ Use Schedule D-1 for more space to list transactions for lines 1 and 8.

OMB No. 1545-0074

1998

Attachment Sequence No. 12

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Short-Term Capital Gains and Losses – Assets Held One Year or Less

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)

2 Enter your short-term totals, if any, from Schedule D-1, line 2	2	
3 **Total short-term sales price amounts.** Add column (d) of lines 1 and 2	3	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5	1,386
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your 1997 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1 through 6 in column (f) ▶	7	1,386

Part II Long-Term Capital Gains and Losses – Assets Held More Than One Year

(a) Description of property (Example, 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-6)	(e) Cost or other basis (see page D-6)	(f) GAIN or (LOSS) Subtract (e) from (d)	(g) 28% RATE GAIN or (LOSS) * (see instr. below)
49.875 SH LEHMAN BROS HOLDINGS	9/24/97	10/05/98	4,026	7,659	-3,633	

9 Enter your long-term totals, if any, from Schedule D-1, line 9	9	
10 **Total long-term sales price amounts.** Add column (d) of lines 8 and 9	10	4,026
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	6,411
13 Capital gain distributions. See page D-2	13	
14 Long-term capital loss carryover. Enter in both columns (f) and (g) the amount, if any, from line 13 of your 1997 Capital Loss Carryover Worksheet	14	( ) ( )
15 Combine lines 8 through 14 in column (g)	15	
16 **Net long-term capital gain or (loss).** Combine lines 8 through 14 in column (f) ▶	16	2,778

Next: Go to Part III on the back.

* **28% Rate Gain or Loss** includes all "collectibles gains and losses" (as defined on page D-6) and part or all of the eligible gain on qualified small business stock (see page D-5).

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

KFA

Part III **Summary of Parts I and II**

17 Combine lines 7 and 16. If a loss, go to line 18. If a gain, enter the gain on Form 1040, line 13	17	4,164
Next: Complete Form 1040 through line 39. Then, go to **Part IV** to figure your tax if: • Both lines 16 and 17 are gains, **and** • Form 1040, line 39, is more than zero.		
18 If line 17 is a loss, enter here and as a (loss) on Form 1040, line 13, the **smaller** of these losses: • The loss on line 17; **or** • ($3,000) or, if married filing separately, ($1,500)	18	( )
Next: Complete Form 1040 through line 37. Then, complete the **Capital Loss Carryover Worksheet** on page D-6 if: • The loss on line 17 **exceeds** the loss on line 18, **or** • Form 1040, line 37, is a loss.		

Part IV **Tax Computation Using Maximum Capital Gains Rates**

19 Enter your taxable income from Form 1040, line 39			19	114,411
20 Enter the **smaller** of line 16 or line 17 of Schedule D	20	2,778		
21 If you are filing Form 4952, enter the amount from Form 4952, line 4e	21			
22 Subtract line 21 from line 20. If zero or less, enter –0–	22	2,778		
23 Combine lines 7 and 15. If zero or less, enter –0–	23	1,386		
24 Enter the **smaller** of line 15 or line 23, but not less than zero	24			
25 Enter your unrecaptured section 1250 gain, if any (see page D-7)	25			
26 Add lines 24 and 25	26			
27 Subtract line 26 from line 22. If zero or less, enter –0–			27	2,778
28 Subtract line 27 from line 19. If zero or less, enter –0–			28	111,633
29 Enter the **smaller** of: • The amount on line 19, **or** • $25,350 if single; $42,350 if married filing jointly or qualifying widow(er); $21,175 if married filing separately; or $33,950 if head of household			29	42,350
30 Enter the **smaller** of line 28 or line 29			30	42,350
31 Subtract line 22 from line 19. If zero or less, enter –0–			31	111,633
32 Enter the **larger** of line 30 or line 31			32	111,633
33 Figure the tax on the amount on line 32. Use the Tax Table or Tax Rate Schedules, whichever applies. ▶			33	26,032
34 Enter the amount from line 29			34	42,350
35 Enter the amount from line 28			35	111,633
36 Subtract line 35 from line 34. If zero or less, enter –0–			36	0
37 Multiply line 36 by 10% (.10) ▶			37	
38 Enter the **smaller** of line 19 or line 27			38	2,778
39 Enter the amount from line 36			39	
40 Subtract line 39 from line 38			40	2,778
41 Multiply line 40 by 20% (.20) ▶			41	556
42 Enter the **smaller** of line 22 or line 25			42	
43 Add lines 22 and 32	43	114,411		
44 Enter the amount from line 19	44	114,411		
45 Subtract line 44 from line 43. If zero or less, enter –0–			45	0
46 Subtract line 45 from line 42. If zero or less, enter –0–			46	0
47 Multiply line 46 by 25% (.25) ▶			47	
48 Enter the amount from line 19			48	114,411
49 Add lines 32, 36, 40, and 46			49	114,411
50 Subtract line 49 from line 48			50	
51 Multiply line 50 by 28% (.28) ▶			51	
52 Add lines 33, 37, 41, 47, and 51			52	26,588
53 Figure the tax on the amount on line 19. Use the Tax Table or Tax Rate Schedules, whichever applies			53	26,893
54 **Tax on taxable income including capital gains.** Enter the **smaller** of line 52 or line 53 here and on Form 1040, line 40 ▶			54	26,588

SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040 or Form 1041. ▶ See instructions for Schedule E (Form 1040).

OMB No. 1545-0074

1998

Attachment Sequence No. 13

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** Report income and expenses from your business of renting personal property on Schedule C or C-EZ (see page E-1). Report farm rental income or loss from Form 4835 on page 2, line 39.

1 Show the kind and location of each **rental real estate** property:

A BACKYARD BUNGALOW
STANFORD CALIFORNIA

B

C

2 For each rental real estate property listed on line 1, did you or your family use it during the tax year for personal purposes for more than the greater of:
- 14 days, or
- 10% of the total days rented at fair rental value? (See page E-1.)

	Yes	No
A		X
B		
C		

Income:		Properties A	Properties B	Properties C		Totals (Add columns A, B, & C.)
3 Rents received	3	1,525			3	1,525
4 Royalties received	4				4	
Expenses:						
5 Advertising	5					
6 Auto and travel (see page E-2)	6					
7 Cleaning and maintenance	7					
8 Commissions	8					
9 Insurance	9					
10 Legal and other professional fees	10					
11 Management fees	11					
12 Mortgage interest paid to banks, etc. (see page E-2)	12				12	
13 Other interest	13					
14 Repairs	14					
15 Supplies	15					
16 Taxes	16					
17 Utilities	17					
18	18					
19 Add lines 5 through 18	19				19	
20 Depreciation expense or depletion (see page E-3)	20				20	
21 Total expenses. Add lines 19 and 20	21					
22 Income/(loss) from rental real estate or royalty properties. Subtract line 21 from 3 (rents) or 4 (royalties). If result is (loss), see page E-3 to find out if you must must file Form 6198.	22	1,525				
23 Deductible rental real estate loss. Caution: Your rental real estate loss on line 22 may be limited. See page E-3 to find out if you must file Form 8582. Real estate professionals must complete line 42 on page 2	23	( )	( )	( )		
24 **Income.** Add positive amounts shown on line 22. **Do not** include any losses					24	1,525
25 **Losses.** Add royalty losses from line 22 and rental real estate losses from line 23. Enter the total losses here					25	( )
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 39 on page 2 do not apply to you, also enter this amount on Form 1040, line 17. Otherwise, include this amount in the total on line 40 on page 2					26	1,525

Schedule E (Form 1040) 1998 — Attachment Sequence No. 13 — Page 2

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below. Real estate professionals must complete line 42 below.

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column **(e)** or **(f)** on line 27 to describe your investment in the activity. See page E-5. If you check column **(f)**, you must attach **Form 6198**.

27	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	Invest. At Risk? (e) All is at risk	(f) Some is not at risk
A	SEE STATEMENT 5					
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
E					
28a	Totals				
b	Totals				

29 Add columns (h) and (k) of line 28a 29

30 Add columns (g), (i), and (j) of line 28b . . . . . 30 ( )

31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below 31

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer ID number
A		
B		
C		
D		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
D				
33a	Totals			
b	Totals			

34 Add columns (d) and (f) of line 33a 34

35 Add columns (c) and (e) of line 33b . . . . . 35 ( )

36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below 36

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

37	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-6)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below 38

Part V Summary

39 Net farm rental income or (loss) from **Form 4835**. Also, complete line 41 below 39

40 TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 17 . . . . . ▶ 40 1,525

41 **Reconciliation of Farming and Fishing Income:** Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), line 15b; Schedule K-1 (Form 1120S), line 23, and Schedule K-1 (Form 1041), line 14 (see page E-6) 41

42 **Reconciliation for Real Estate Professionals.** If you were real estate professional (see pg. E-4), enter net income or (loss) you reported anywhere on Form 1040 from all rental real estate activities in which you materially participated under passive activity loss rules. 42

Form **1116**

Department of the Treasury
Internal Revenue Service

Foreign Tax Credit

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ **Attach to Form 1040, 1040NR, 1041, or 990-T.**
▶ **See separate instructions.**

OMB No. 1545-0121

1998

Attachment Sequence No. 19

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-38-4500

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Complete this form for credit for taxes on:

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions (see page 4 of the instructions before completing form)
h ☒ General limitation income – all other income from sources outside the United States (including income from sources within U.S. possessions)

I Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Figuring Taxable Income or Loss From Sources Outside the United States for Category Checked Above

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
j Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 5 of the instructions. DIVIDENDS 859	859			1	859
Deductions and losses (Caution: See pages 5, 6, and 7 of the instructions.):					
2 Expenses **definitely related** to the income on line 1 (attach statement)					
3 Pro rata share of other deductions **not definitely related**:					
a Certain itemized deductions or standard deduction. See instructions	8,395				
b Other deductions (attach statement)					
c Add lines 3a and 3b	8,395				
d Gross foreign source Income. See instructions	859				
e Gross income from all sources. See instructions	178,500				
f Divide line 3d by line 3e. Do not enter more than "1"	0.0048				
g Multiply line 3c by line 3f	40				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest (use worksheet on page 7 of the instructions)	178				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	218			6	218
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	641

Part II Foreign Taxes Paid or Accrued (See page 7 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (e) ☒ Paid (f) ☐ Accrued (m) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (n) Dividends	(o) Rents and royalties	(p) Interest	(q) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (r) Dividends	(s) Rents and royalties	(t) Interest	(u) Other foreign taxes paid or accrued	(v) Total foreign taxes paid or accrued (add cols (r) through (u))
A						71				71
B										
C										

8 Add lines A through C, column (v). Enter the total here and on line 9, page 2 ▶ 8 71

KFA For **Paperwork Reduction Act Notice, see separate instructions.**

Form **1116** (1998)

Part III **Figuring the Credit**

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	71		
10	Carryback or carryover (attach detailed computation)	10	20		
11	Add lines 9 and 10	11	91		
12	Reduction in foreign taxes. See page 8 of the instructions.	12			
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13	91
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 8 of the instructions	14	641		
15	Adjustments to line 14. See page 9 of the instructions	15			
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	641		
17	**Individuals:** Enter amount from Form 1040, line 37. If you are a nonresident alien, enter amount from Form 1040NR, line 36. **Estates and trusts:** Enter your taxable income without the deduction for your exemption. SEE STATEMENT 6	17	118,436		
	Caution: If you figured your tax using the special rates on capital gains, see page 10 of the instructions.				
18	Divide line 16 by line 17. If line 16 is more than line 17, enter the figure "1"			18	0.0054
19	**Individuals:** Enter amount from Form 1040, line 40, **less** any amounts on Form 1040, lines 41 through 45, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 47. If you are a nonresident alien, enter amount from Form 1040NR, line 39, **less** any amount on Form 1040NR lines 40, 41, 42, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 44. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37			19	26,588
20	Multiply line 19 by line 18 (maximum amount of credit)			20	144
21	Enter the amount from line 13 or line 20, whichever is **smaller**. If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. See page 10 of the instructions ▶			21	91

Part IV **Summary of Credits From Separate Parts III** (See page 10 of the instructions.)

22	Credit for taxes on passive income	22			
23	Credit for taxes on high withholding tax interest	23			
24	Credit for taxes on financial services income	24			
25	Credit for taxes on shipping income	25			
26	Credit for taxes on dividends from a DISC or former DISC	26			
27	Credit for taxes on certain distributions from a FSC or former FSC	27			
28	Credit for taxes on lump-sum distributions	28			
29	Credit for taxes on general limitation income (all other income from sources outside the United States)	29			
30	Add lines 22 through 29			30	91
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 8			31	
32	Subtract line 31 from line 30. This is your foreign tax credit. Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a ▶			32	91

Form **1116**

Department of the Treasury
Internal Revenue Service

ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, Trust, or Nonresident Alien Individual)
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.
▶ See separate instructions.

OMB No. 1545-0121
1998
Attachment Sequence No. 19

Name: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number as shown on page 1 of your tax return: 347-38-4500

Use a separate Form 1116 for each category of income listed below. See Categories of Income on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Complete this form for credit for taxes on:

a ☐ Passive income
b ☐ High withholding tax interest
c ☐ Financial services income
d ☐ Shipping income
e ☐ Dividends from a DISC or former DISC
f ☐ Certain distributions from a foreign sales corporation (FSC) or former FSC
g ☐ Lump-sum distributions (see page 4 of the instructions before completing form)
h ☒ General limitation income – all other income from sources outside the United States (including income from sources within U.S. possessions)

i Resident of (name of country) ▶ USA

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Figuring Taxable Income or Loss From Sources Outside the United States for Category Checked Above

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
j Enter the name of the foreign country or US possession. ▶	VARIOUS				
1 Gross income from sources within country shown above and of the type checked above. See page 5 of the instructions: DIVIDENDS 859	859			1	859
Deductions and losses (Caution: See pages 5, 6, and 7 of the instructions.):					
2 Expenses **definitely related** to the income on line 1 (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction. See instructions	4,240				
b Other deductions (attach statement)					
c Add lines 3a and 3b	4,240				
d Gross foreign source income. See instructions	859				
e Gross income from all sources. See instructions	178,500				
f Divide line 3d by line 3e. Do not enter more than "1"	0.0048				
g Multiply line 3c by line 3f	20				
4 Pro rata share of interest expense. See instructions:					
a Home mortgage interest (use worksheet on page 7 of the instructions)	183				
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	203			6	203
7 Subtract line 6 from line 1. Enter the result here and on line 14, page 2 ▶				7	656

Part II Foreign Taxes Paid or Accrued (See page 7 of the instructions.)

COUNTRY	Credit is claimed for taxes (you must check one) (k) ☒ Paid (l) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (m) Dividends	(n) Rents and royalties	(o) Interest	(q) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (r) Dividends	(s) Rents and royalties	(t) Interest	(u) Other foreign taxes paid or accrued	(v) Total foreign taxes paid or accrued (add cols (r) through (u))
	(m) Date paid or accrued									
A						71				71
B										
C										
8 Add lines A through C, column (v). Enter the total here and on line 9, page 2 ▶									8	71

KFA For Paperwork Reduction Act Notice, see separate instructions.

Form 1116 (1998)

ALTERNATIVE MINIMUM TAX

Form 1116 (1998) THOMAS J. AND SUSANNE M. CAMPBELL 347-38-4500 Page 2

Part III **Figuring the Credit**

9	Enter amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	71	
10	Carryback or carryover (attach detailed computation)	10	39	
11	Add lines 9 and 10	11	110	
12	Reduction in foreign taxes. See page 8 of the instructions.	12		
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit			13 110
14	Enter amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I. See page 8 of the instructions	14	656	
15	Adjustments to line 14. See page 9 of the instructions	15		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21.)	16	656	
17	**Individuals:** Enter amount from Form 1040, line 37. If you are a nonresident alien, enter amount from Form 1040NR, line 36. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	17	135,090	
	Caution: If you figured your tax using the special rates on capital gains, see page 10 of the instructions.			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter the figure "1"			18 0.0049
19	**Individuals:** Enter amount from Form 1040, line 40, **less** any amounts on Form 1040, lines 41 through 45, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 47. If you are a nonresident alien, enter amount from Form 1040NR, line 39, less any amount on Form 1040NR lines 40, 41, 42, and any mortgage interest credit (from Form 8396) and District of Columbia first-time homebuyer credit (from Form 8859) on line 44. **Estates and trusts:** Enter amount from Form 1041, Schedule G, line 1c, or Form 990-T, lines 36 and 37			19 23,257
20	Multiply line 19 by line 18 (maximum amount of credit)			20 114
21	Enter the amount from line 13 or line 20, whichever is **smaller.** If this is the only Form 1116 you are completing, skip lines 22 through 29 and enter this amount on line 30. Otherwise, complete the appropriate line in Part IV. See page 10 of the instructions ▶			21 110

Part IV **Summary of Credits From Separate Parts III** (See page 10 of the instructions.)

22	Credit for taxes on passive income	22		
23	Credit for taxes on high withholding tax interest	23		
24	Credit for taxes on financial services income	24		
25	Credit for taxes on shipping income	25		
26	Credit for taxes on dividends from a DISC or former DISC	26		
27	Credit for taxes on certain distributions from a FSC or former FSC	27		
28	Credit for taxes on lump-sum distributions	28		
29	Credit for taxes on general limitation income (all other income from sources outside the United States)	29		
30	Add lines 22 through 29			30 110
31	Reduction of credit for international boycott operations. See instructions for line 12 on page 8			31
32	Subtract line 31 from line 30. This is your foreign tax credit. Enter here and on Form 1040, line 46; Form 1040NR, line 43; Form 1041, Schedule G, line 2a; or Form 990-T, line 39a. ▶			32 110

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax – Individuals

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

1998

Attachment Sequence No. **32**

Name(s) shown on Form 1040: THOMAS J. AND SUSANNE M. CAMPBELL

Your social security number: 347-38-4500

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. Otherwise, enter your standard deduction from Form 1040, line 36, here and go to line 6	1	
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2 1/2% of Form 1040, line 34	2	
3	Taxes. Enter the amount from Schedule A (Form 1040), line 9	3	16,865
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A (Form 1040), line 26	5	
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or line 21	6	( )
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 9	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item below and enter the total on line 14.		
	a Circulation expenditures / b Depletion / c Depreciation (pre-1987) / d Installment sales / e Intangible drilling costs / f Large partnerships / g Long-term contracts		
	h Loss limitations / i Mining costs / j Patron's adjustment / k Pollution control facilities / l Research & experimental / m Section 1202 exclusion / n Tax shelter farm activities / o Related adjustments	14	
15	**Total Adjustments and Preferences.** Combine lines 1 through 14 ▶	15	16,865

Part II Alternative Minimum Taxable Income

16	Enter the amount from **Form 1040, line 37.** If less than zero, enter as a (loss) ▶	16	119,811
17	Net operating loss deduction, if any, from Form 1040, line 21. Enter as a positive amount	17	
18	If Form 1040, line 34, is over $124,500 (over $62,250 if married filing separately), and you itemized deductions, enter the amount, if any, from line 9 of the worksheet for Schedule A (Form 1040), line 28	18	(1,586)
19	Combine lines 15 through 18 ▶	19	135,090
20	Alternative tax net operating loss deduction. See page 7 of the instructions	20	
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19. (If married filing separately and line 21 is more than $165,000, see page 7 of the instructions.) ▶	21	135,090

Part III Exemption Amount and Alternative Minimum Tax

22	**Exemption Amount.** (If this form is for a child under age 14, see page 7 of the instructions.)		
	If your filing status is: — **AND line 21 is not over** … — **THEN enter on line 22** …		
	Single or head of household … $112,500 … $33,750		
	Married filing jointly or qualifying widow(er) … 150,000 … 45,000 }	22	45,000
	Married filing separately … 75,000 … 22,500		
	If line 21 is **over** the amount shown above for your filing status, see page 7 of the instructions.		
23	Subtract line 22 from line 21. If zero or less, enter –0– here and on lines 26 and 28 ▶	23	90,090
24	If you completed Schedule D (Form 1040), and have an amount on line 25 or line 27 (or would have had an amount on either line if you had completed Part IV) (as refigured for the AMT, if necessary), go to Part IV of Form 6251 to figure line 24. **All others:** If line 23 is $175,000 or less ($87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, multiply line 23 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result	24	23,257
25	Alternative minimum tax foreign tax credit. See page 8 of the instructions	25	110
26	Tentative minimum tax. Subtract line 25 from line 24 ▶	26	23,147
27	Enter your tax from Form 1040, line 40 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46)	27	26,497
28	**Alternative Minimum Tax.** Subtract line 27 from line 26. If zero or less, enter –0–. Enter here and on Form 1040, line 51 ▶	28	0

For Paperwork Reduction Act Notice, see separate instructions.

Form **6251** (1998)

KFA

Part IV **Line 24 Computation Using Maximum Capital Gains Rates**

Caution: If you did not complete Part IV of Schedule D (Form 1040), complete lines 20 through 27 of Schedule D (as refigured for the AMT, if necessary) before you complete this part.

29 Enter the amount from line 23			29	90,090
30 Enter the amount from Schedule D (Form 1040), line 27 (as refigured for the AMT, if necessary). See page 8 of the instructions	30	2,778		
31 Enter the amount from Schedule D (Form 1040), line 25 (as refigured for the AMT, if necessary). See page 8 of the instructions	31			
32 Add lines 30 and 31	32	2,778		
33 Enter the amount from Schedule D (Form 1040), line 22 (as refigured for the AMT, if necessary). See page 8 of the instructions	33	2,778		
34 Enter the smaller of line 32 or line 33			34	2,778
35 Subtract line 34 from line 29. If zero or less, enter -0-			35	87,312
36 If line 35 is $175,000 or less ($87,500 or less if married filing separately), multiply line 35 by 26% (.26). Otherwise, multiply line 35 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result ▶			36	22,701
37 Enter the amount from Schedule D (Form 1040), line 36 (as figured for the regular tax)			37	
38 Enter the smallest of line 29, line 30, or line 37			38	
39 Multiply line 38 by 10% (.10) ▶			39	
40 Enter the smaller of line 29 or line 30			40	2,778
41 Enter the amount from line 38			41	
42 Subtract line 41 from line 40. If zero or less, enter -0-			42	2,778
43 Multiply line 42 by 20% (.20) ▶			43	556
44 Enter the amount from line 29			44	90,090
45 Add lines 35, 38, and 42			45	90,090
46 Subtract line 45 from line 44			46	
47 Multiply line 46 by 25% (.25) ▶			47	
48 Add lines 36, 39, 43, and 47			48	23,257
49 If line 29 is $175,000 or less ($87,500 or less if married filing separately), multiply line 29 by 26% (.26). Otherwise, multiply line 29 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result			49	23,423
50 Enter the smaller of line 48 or line 49 here and on line 24 ▶			50	23,257

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach this form to your return.

OMB No 1545-0172

1998

Attachment Sequence No **67**

Name(s) shown on return: THOMAS J. AND SUSANNE M. CAMPBELL

Identifying number: 347-38-4500

Business or activity to which this form relates: SCHEDULE A (2%)

Part I **Election To Expense Certain Tangible Property (Section 179)** (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	$18,500
2	Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3	Threshold cost of section 179 property before reduction in limitation	3	$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter –0–	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter –0–. If married filing separately, see page 2 of the instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1997. See page 3 of the instructions	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 1999. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II **MACRS Depreciation For Assets Placed in Service ONLY During Your 1998 Tax Year** (Do Not Include Listed Property.)

Section A – General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions ▶ ☐

Section B – General Depreciation System (GDS) (See page 3 of the instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3–year property						
b 5–year property						
c 7–year property						
d 10–year property						
e 15–year property						
f 20–year property						
g 25–year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Alternative Depreciation System (ADS): (See page 5 of the instructions.)

16a Class life					S/L	
b 12–year			12 yrs		S/L	
c 40–year			40 yrs	MM	S/L	

Part III **Other Depreciation** (Do Not Include Listed Property.) (See page 6 of the instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1998	17	
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	

Part IV **Summary** (See page 6 of the instructions.)

20	Listed property. Enter amount from line 26	20	
21	**Total.** Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships & S corporations – see instructions	21	
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see of the separate instructions.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 3:14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
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4

Charles T. Canady
(Full Name)

2432 Rayburn HOB, Washington, DC 20515 (202) 225-1252
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Chas. T. Canady

DATE (Month/Day/Year) 5/14/99

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Charles T. Canady

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C								Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, P, E
SP, DC, JT	*Examples* SP	Mega Corp. Stock				X								X										X									P
		Simon & Schuster		Indefinite																Royalties						X			X				
		1st Bank of Paducah, KY accounts					X									X																	
SP	Euro Pac Growth Fund SHT			X										X			X					X											
SP	Growth Fund of America			X										X			X					X		X									
SP	New Economy Fund			X										X			X					X		X									
SP	Putnam Fund for Growth and Income CLA			X										X			X					X		X									
SP	CCR Money Market Fund			X										X										X									
SP	Houghton Family Partnership, Ltd.			X											X	X	X					X X			X								P

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Assoc. of Pro Life Obstetricians & Gynecologists	Feb. 7	Wash.,DC-Ft. Lauddrdale - Ft. Lauderdale-Orlando	N	Y	N	N
	Int'l Coalition for Religious Freedom	May 26-31	Tampa-Berlin Berlin-Washington, DC	Y	Y	Y	N

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Name	Charles T. Canady	Page 4 of 4

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Volunteers in Service to the Elderly, Inc.
Director (unpaid)	Care Net

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RECEIVED
99 MAY 17 AM 11:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (7)
(Office Use Only)

CHRISTOPHER B. CANNON
(Full Name)

118 CANNON HOUSE OFFICE BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515-4403

Daytime Telephone

Filer Status: [X] Member of the U.S. House of Representatives — State UTAH District 3 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION - Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Chris Cannon

DATE (Month/Day/Year): 5/15/99

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C. / XYZ Magazine	Speech / Article	Feb. 2, 1997 / Aug. 13, 1997	$2,000 / $500
Food Marketing Institute, Washington, D.C.	Appearance Fee	Various	Groceries donated with an estimated value of $500
Donated groceries to a Washington, D.C. charity in lieu of appearance fee			
K-Mart Kids Race Against Drugs, Washington, D.C.	Appearance Fee	Sept. 16, 1998	$500
(check given to Habitat for Humanity)			
21st Century Club, Washington, D.C.	Speaking Fee	July 17, 1998	$1,000
(check given to Habitat for Humanity)			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

SP, DC, JT	Examples	SP
	Mega Corp Stock	
	Simon & Schuster Indefinite	
	1st Bank of Paducah, KY accounts	

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership income or Farm income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
JT	First Security Bank of Utah Checking Account SLC		X													X						X										
	Zions First National Bank Bank Account-Checking SLC				X											X							X									
	Zions First National Bank Money Market Account SLC		X													X						X										
	Smith Barney-CMA Account Salt Lake City, Utah			X										X								X										
	Chris Bacon Loan Receivable Provo, UT			X												X					X											
	Dennis Bacon Loan Receivable Mapleton, UT			X												X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHRISTOPHER B. CANNON

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Steve Bacon																															
	Loan Receivable Orem, UT			X												X					X											
	David Cannon									X						X					X											
	Loan Receivable Mclean, VA															X					X											
	Eugene Edwards - Loan						X									X					X											
	Receivable San Diego, CA															X					X											
	Gerry Fox - Loan			X												X					X											
	Receivable El Cajon, CA															X					X											
	Robert Fox - Loan			X												X					X											
	Receivable Vienna, Austria									X						X					X											
	Premium Beef of Nebraska															X					X											
	Loan Receivable Gordon, NE															X							X									
	Resort Ad & Promo	X														X					X											
	Loan Receivable SLC, UT															X					X											
	Gary Ruse					X										X					X											
	Loan Receivable Gordon NE															X					X											
	Roger Sorenson			X												X					X											
	Loan Receivable Boise, ID																															
	Terra Nova Dist. Corp.						X									X									X							
	Loan Receivable Midvale, UT															X					X											
	Chuck Warren			X												X					X											
	Loan Receivable SLC, UT															X					X											
	Cannon Industries, Inc.											X				X					X											
	Loan Receivable SLC, UT															X					X											
	Joe Cannon						X									X					X											
	Loan Receivable Provo, UT																			S-Corp												
	Advance Resin Systems, Inc.									X				X						Ord. Income								X				
	Common Stock, Des Plains																				X											
	Automated Communications					X								X							X											
	Group Common Stock SLC,UT																				X											
	Business Support Services			X										X							X											
	Common Stock SLC UT						X							X							X											
	Cannon Industries, Inc.													X							X											
	Common Stock SLC, UT					X								X							X											
	Terra Nova Dist. Corp.													X							X											
	Common Stock Midvale, UT						X							X							X											
	Premium Beef of Nebraska													X							X											
	Common Stock Gordon, NE													X							X											
	LJ Development Common													X							X											
	Stock Sandy, UT																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHRISTOPHER B. CANNON

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Raster Graphics Common Stock San Jose, CA					X								X							X											
	Kyzen Corporation Common Stock Nashville, TN									X				X							X											
	Manleton Barn 875 East 1600 North Mapleton, UT						X														X											
	Sundance Lot Sundance Canyon, UT						X														X											
	Heavy Equipment Springville, UT					X															X											
	Terrace Falls Condominium #714 SLC, UT							X													X											
	Auger Equipment Reno, NV					X															X											
	Home McLean, VA	X													X						X											
	Shopping.Com Common Stock Corona Del Mar, CA									X											X											

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SCHEDULE IV — TRANSACTIONS

Name CHRISTOPHER B. CANNON

Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–97		X								
	Kyzen Corporation Common Stock Nashville, TN		X		Various			X							
	Home McLean, VA		X		7/98							X			
	Scott Crowley - Loan write-off Sandy, UT		X		12/31/98	X									
	Resort Ad & Promo - Loan repayment SLC, UT		X		5/15-7/2/98					X					
	AIMC Bankruptcy Escrow Loans & Equip. write-off Reno, NV		X		12/31/98					X					

This page may be copied if more space is required.

Name CHRISTOPHER B. CANNON | Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Chase Manhattan Mortgage New York, New York	Note Payable - Home McLean, Virginia							X			
	Crossland Mortgage Salt Lake City, Utah	Note Payable - Home Terrace Falls Condominium				X						
	First National Bank of Grodon Gordon, Nebraska	Note Payable - Business Int - Premium Beef of NE					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 APR 29 AM 9:34

CLERK
HAND DELIVERED

(Office Use Only)

LOIS G. CAPPS
(Full Name)

1724 SANTA BARBARA STREET
(Mailing Address)

Daytime Telephone
805-730-1710

SANTA BARBARA, CALIFORNIA 93101

Filer Status	[X] Member of the U.S. House of Representatives	State California District 22nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Lois Capps

DATE (Month/Day/Year) 4/28/99

Name	LOIS G. CAPPS	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Augsburg Fortress Publishers	Spouse Royalty	NA
	Beacon Press	Spouse Royalty	NA
	Harper Collins Publishers	Spouse Royalty	NA
	Routledge Holdings, Inc.	Spouse Royalty	NA
	University of South Carolina Press	Spouse Royalty	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name LOIS G. CAPPS

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP		SP	Mega Corp. Stock				X								X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
	Mid-State Bank				X												X							X									
	Congressional Credit					X											X							X									
	MetLife Investments							X									X										X						
	Fidelity Investments					X									X										X								
	396 Vester Sted								X							X												X					

For additional assets and unearned income, use next page.

Name LOIS G. CAPPS

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Bank United FSB	Mortgage on 396 Vester Sted, Solvang				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name LOIS G. CAPPS | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Nurses Association	June 27-28	Santa Barbara, CA -- San Diego, CA round grip	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(9)

Michael Everett Capuano
(Full Name)

172 Central Street
Somerville MA 02145
(Mailing Address)

Daytime Telephone 202-225-5111
617-621-6205

Filer Status	[X] Member of the U.S. House of Representatives	State Massachusetts District 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Michael E. Capuano

DATE (Month/Day/Year) 5-12-99

Name Michael E. Capriano	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	City of Somerville, Somerville, MA. 02143	Salary	72,500
	Indikon Company, Inc. Somerville, MA. 02144 -	Spouse Salary	N/A
	Sole Proprietor - Accountant, Somerville, MA 02145	Spouse Salary	N/A
	Johnny D's - Waiter - Somerville, MA. 02144	Son Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples. Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
Not Applicable			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael E. Capuano

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT (Examples) SP	Mega Corp Stock		X	X	P
DC	Simon & Schuster	Indefinite	Royalties	X	
JT	1st Bank of Paducah, KY accounts	X	X	X	
JT	172 Central St, Somerville MA	X	X	X	
JT	Hidden Valley, Tuftonboro, NH	X	X	X	
JT	E. Cambridge Sav. Bk, Camb. MA	X	X	X	
	Som. School Emp FCU, Som MA	X	X	X	
JT	Walt Disney Holding Co. Stk	X	X	X	
	Pebsco City of Columbus, Oh Som. Deferred Comp	X	Deferred Comp	X	

residential 21% rental

vacation home specifically excluded

Money mkt & ckg acct

savings acct

stock

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Everett Capuano

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Manulife Financial - Boston				X															401K PLAN	X											
SP	Bank Boston, Boston, MA			X																IRA	X											
DC	Winterhill Fed Sav - Somerville, MA			X												X				Cert of Dep			X									
DC	PAX World Fund			X										X						Mutual Fund		X										
DC	Fidelity Puritan Fund			X										X			X			mutual FUND			X									PORTION SOLD
DC	Fidelity Asset Manager			X										X			X			mutual FUND			X									PORTION SOLD
SP	CTM, LLC Somerville, MA				X									X						Investment LLC		X										PURCHASE
DC	Northwest Mutual Fund			X										X						Vehicle Life Insur.	X											
	Capuano for Congress				X											X				loan to campaign			X									

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SCHEDULE IV — TRANSACTIONS

Name Michael Everett Capuano | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10-12-98		X								
DC	Fidelity Puritan			X		10-29-98	X									
DC	Fidelity Asset Manager			X		10-29-98	X									
SP	CT+M, LLC		X			10/98 + 12/98		X								

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Name Michael Everett Capreano | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	HomeSide Lending, Florida	Mtg on 172 Central St, Somm		X								
JT	Nations Bank, Buffalo, NY	Mtg on Hidden Valley, Tattonbers NH			X							
JT	Fleet Bank, Somerville, MA.	Home Equity, Central St Somerville			X							
SP	Winter Hill Federal Sav, Somerville, MA	Constr. Loan, 1/6 Liable on JT/Severable NOTE		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NOTE APPLICABLE	

Use additional sheets if more space is required.

Name Michael Everett Capuano | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			Not Applicable				

This page may be copied if more space is required.

Name Michael Everett Capuzzano	Page 2 of 2

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Director	Dante Alighieri Organization - Cambridge, MA.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
14

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court
(Mailing Address)

410-433-8886
Daytime Telephone

Baltimore, Maryland 21208

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Benjamin L. Cardin

DATE (Month/Day/Year) May 5, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Maryland	Legislative Pension	$4,032
	Md. Assoc. of Non-public Special Eduacation Facilities	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BENJAMIN L. CARDIN Page 3 of 14

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP	Examples: SP Mega Corp Stock						X							X																		P
DC	Examples: Simon & Schuster			Indefinite																Royalties												
JT	Examples: 1st Bank of Paducah, KY accounts							X								X									X							
	Olin Corporation Common Stock				X									X									X									
	Bristol Myers Squibb Co. Common Stock						X							X											X							F/S
	Time Warner Common Stock			X										X								X										
	BHC Communications, Inc. Common Stock			X										X								X										
	Niagara Mohawk Common Stock			X										X							X											
	Comsat Corp. Common Stock	X												X								X										S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Ascent Entertainment Group, Inc. Common Stock			X										X							X											
	Primex Technologies, Inc. Common Stock			X										X								X										
JT	Smith, Barney - Jt. Acc't with spouse - following assets:																															
	1. Prince George's Co., Md. Bond				X									No income; Zero coupon																		
	2. Cash Management	Acc't		X										X									X									
SP	Northeast Util. Common Stock			X										X							X											
	A.T.&T. Common Stock				X									X									X									
	Lucent Technologies, Inc. Common Stock				X									X								X										
	Agouron Pharmaceuticals, Common Stock			X										X							X											
JT	Israel Bonds			X												X						X										
JT	Meyer M. Cardin Trust Note 1							X								X										X						P/S
														X									X									
	Venture BG Partnership c/o Miller Property Balto., Md.-NOTE 2		X																	J(c) Distrib.					X							
																								X								
	Keough - A.B.A. Retire. Plan Benj. L. Cardin Retirement Plan								X											N/A												
SP	Deferred Comp. Plan - Spouse's Employment				X															N/A												

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	T.I.A.A. Cref Retire. Pension Plans - Spouse's Employment			X																N/A											
NOTE 3	IRAs - Regal Sav. Bank Owings Mills, Md.																														
	Assets include:																														
	1. Israel Bonds				X															N/A											
	2. Money Market Funds			X																N/A											
	Benjamin L. Cardin Trust Settlor NOTES 4 &5					X															X										
	Cong. Credit Union			X												X						X									
JT	Dean Witter - Jt. Acc't with spouse																														
	following assets:																						X								
	1. Colonial Util. Fund				X									X									X								P
	2. Dean Witter Global Div. Growth Fund				X									X			X						X								P
	3. Putnam Global Growth Fund				X												X						X								
	4. AIM Value Fund B				X									X			X						X								P
	5. Cash Management Acc't.				X											X							X								
	6. Mid Atlantic Realty Trust			X										X									X								
	Dean Witter Acc't - Benj. L. Cardin																														
	following assets:																														
	1. Wash. Sub. San. Bond			X												X							X								
	2. Howard Co.,Md. Bond			X												X							X								
	3. U of Md. Bonds					X										X									X						
	4. Md. Com. Dev. Bond			X												X							X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

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SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	5. Anne Arundel Co., Md. Bond			X												X							X									
	6. Seligman Bond Fund				X											X	X							X								
	7. Md. Health & Higher Ed. Bond	X														X							X									S
	8. Md. Tax Free Bond Fund 76					X										X									X							S
	9. Annapolis, Md. Bond	X														X							X									S
	10. Md. State Bond				X											X								X								
	11. Smith, Barney Int. Munc. Bond Fund				X											X	X					X		X								
	12. Eaton Vance Munc. Trust				X											X								X								P
	13. Md. Inv. Quality Tax Exempt Trust Series 49			X												X							X									
	14. Md. Tax Free Bond Trust 70	X														X							X									S
	15. Md. Tax Free Bond Trust 70-Trust 283	X														X							X									S
	16. Md. Tax Free Bond Trust 79				X											X								X								
	17. Md. Tax Free Bond Trust 84				X											X								X								
	18. Nuveen Md. Pre. Munc. Fund				X											X								X								
	19. Tax Exempt Sec. Trust 374 TR 32					X										X									X							S
	20. Delaware Group Div & Inc. Fund				X									X			X							X								
	21. Putnam Fund for Growth & Inc. B						X							X			X							X		X						P
	22. V.K Am Cap. Equity Fund B					X								X			X						X		X							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

	SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
NOTE	6	23. AIM Fund				X												X							X								P
		24. Dean Witter Cash Management Acc't				X									X										X								
		25. Colonial Trust Utility Fund Class B (TR IV)				X									X									X									P
																		X							X								
		26. Dean Witter Select Munc. Md. Fund			X												X							X									
		27. Md. D.O.T. Bond				X											X							X									
		28. Frederick Co., Md. Bond				X											X								X								
		29. Dean Witter Amer. Value Fund				X									X										X								P
																		X							X								
NOTE	7	30. Md. Health & Higher Ed. Bond			X												X							X									
		Ultrasound, Inc. Common Stock	X												X							X											S
		AmeriGas Partners, LP			X																	X											P

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	AIM Value Fund, Class B (Dean Witter Account - Joint)	X			12-18-98 NOTE 8	X									
	Bristol Myers Squibb Co. Common Stock	X			Quarterly NOTE 8	X									
			X		12-17-98			X							
JT	Dean Witter Global Div. Growth Fund (Dean Witter Account - Joint)	X			Quarterly NOTE 8	X									
	Eaton Vance Munc. Trust (Dean Witter Account)	X			Monthly NOTE 8	X									
	Putnam Fund for Growth & Income B (Dean Witter Account)	X			Quarterly NOTE 8	X									
	American Capital Equity Income Fund B (Dean Witter Account)	X			Quarterly NOTE 8	X									
	Dean Witter American Value Fund (Dean Witter Account)	X			Semi-Ann. NOTE 8	X									
NOTE 6	AIM Fund (Dean Witter Account)	X			12-11-98 NOTE 8	X									
	Md. Tax Free Bond Trust 70 (Dean Witter Account)	redeemed	X		7-15-98	X									
	Meyer M. Cardin Trust - See NOTE 1														
	Md. Tax Free Bond Trust 71 (Dean Witter Account)	redeemed	X		7-15-98	X									
	Md. Tax Free Bond Trust 76 (Dean Witter Account)	return of principle			8-15-98		X								
	Annapolis, Md. Bond (Dean Witter Account)	redeemed	X		7-6-98		X								
	Comsat Common Stock		S		12-17-98	X									
JT	Colonial Utiltity Fund (Dean Witter Account - Joint)	X			Monthly NOTE 8	X									

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Tax Exempt Sec. Trust 374 - TR 32 (Dean Witter Account)	return of principle			4-15-98	X									
	Colonial Trust Utilities Fund Class B (Dean Witter Account)	X			monthly NOTE 8	X									
	Md. Health & Higher Ed. Bond (Dean Witter Account)	redeemed	X		7-1-98	X									
	Ultrasound, Inc. Common Stock		X		11-20-98	X									
	AmerGas Partners, LP	X			10-2-98	X									

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Name	BENJAMIN L. CARDIN	Page 10 of 14

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	See NOTE 2 for liabilities of Venture B.G. Partnership											
	See NOTE 4 for liabilities of Benjamin L. Cardin Trust (Settlor) including Green Properties Partnership											

SCHEDULE VI — GIFTS N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED SHEET

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-2-87 (retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported Part I) and the right to participate in health insurance with employer subsidizing some of the cost.

GPO 1999 55-185 (mac)

Use additional sheets if more space is required.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Trustee	St. Mary's College; St. Mary's City, Md
Board Member	Menorah Lodge #771; B'nai B'rith; Balto., Md
Board of Visitors	University of Maryland Law School; Balto., Md.
Technical Review Committee	Md. Psychiatric Research Center; Balto., Md
Board of Advisors	Balto. Zionist District; Balto., Md.
Member	President's Advisory Board; University of Md. Balto. Co.;Catonsville, Md.
Co-chair, Advisory Board	Md. Education Coalition; Balto., Md.
Advisory Committee	Lawyer's Campaign Against Hunger; Balto., Md.
Partner	Partnerships listed in PARTS II & III (Venture BG, Green Properties and Warwick Associates)
Member	Chancellor's Advisory Council, University of Md. System; College Park, Md.
Member	Md. Dept. of Business & Economic Developement Day Care Financing Program Advisory Board; Balto., Md.
Community Relation Cabinet	Jewish Federation of Howard Co.; Columbia, Md.
Board Member	Community Assistance Network; Dundalk, Md.
Board of Trustees	Balto. Council on Foreign Affairs; Balto., Md
Board Member	The Jewish Arbitration & Mediation Board; Balto., Md.
Trustee	Irrevocable Trusts created by Roger C. Lipitz; c/o Stan Klinefelter, 36 S. Charles St., Balto., Md.
Personal Representative	Estate of Michael A. Cardin; Balto., Md.

ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
NOTES

1 A trust established by filer's father for the benefit of filer and spouse during their lifetime with remainderman interest to filer's children. The Trust held the following reportable Assets and had the following reportable Transactions in 1998: (1) Federal Home Loan Notes, Value of Asset Category "E" $50,001 - $100,000; Income - interest, Category "vi" $5,001 - $15,000; Transaction: S Return of Principal, monthly, Category "E" $100,001 - $250,000; (2) Fannie Mae Note, Value of Asset Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1,001 - $2,500; Transaction: S - one note paid off 10/25/98, Category "B" $1,001 to $15,000; Transaction: S Return of Principal, monthly, Category "C" $15,001 - $50,000; (3) FNG 95 Note, Value of Asset Category "C" $1,001 - $15,000; Income - interest, Category "iv" $1,001 - $2,500; Transaction: S Return of Principal, monthly, Category "B" $1,001 - $15,000; (4) Prince George's Co., Md. Bonds, Value of Asset Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1,001 - $2,500; (5) Baltimore, Md. Bonds, Value of Asset Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; Transaction: P - purchased June 19, 1998, Category "C" $15,001 - $50,000; (6) Baltimore County, Md. Bonds, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; Transaction: P purchase October 6, 1998, Category "C" $15,001 - $50,000; (7) Md. State Higher Education and Health Bonds, Value of Asset, Category "E" $50,001 - $100,000; Income - interest, Category "v" $2,501 - $5,000; Transaction: P Purchase June 8, 1998 and July 13, 1998, Category "C" $1,001 - $15,000; (8) Md. Stadium Bond, Value of Asset, Category "C" $1,001 - $15,000; Income - interest, Category "iii" $201 - $1,000; (9) Howard Co., Md. Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; (10) Washington Metro Area Transit Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1,001 - $2,500; (11) Md. State Bond, Value of Asset, Category "C" $1,001 - $15,000; Income - interest, Category "iii" $201 - $1,000; (12) Md. State Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; Transaction: P purchase June 30, 1998, Category "D" $15,001 - $50,000; (13) Washington Co., Md. Bond, Value of Asset, Category "C" $1,001 - $15,000; Income - interest, Category "i" none; Transaction: P purchase July 8, 1998 Category "C" $1,001 - $15,000 (14) Md. State Industrial Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iii" $201 - $1,000; Transaction: P purchase July 8, 1998, Category "D" $15,001 - $50,000 (15) Balto., Md. Wastewater Bond, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "i" none; Transaction: P purchase July 21, 1998, Category "D" $15,001 - $50,000 and (16) U.S. Government Money Market Fund, Value of Asset, Category "D" $15,001 - $50,000; Income - interest, Category "iv" $1,001 - $2,500; Transaction: P/S cash management account for investments listed above

[2] Venture BG is a partnership that holds the land at 3601 Washington Blvd , Balto , Md The property is leased to Nash Finch. The filer owns a 2% interest. The evaluation is based on negative capital account. If value was based on recent appraisal of assets less mortgage, value of asset would be Category F $100,001 - $250,000. Income reflected on Part III represents "income" J(c) line on K1 form (12 month reporting period ending 6/27/98) and "distributions" represents actual cash distributions received in 1998 rather than amount from line J(d) of K1 (since K1 is for the 12 month period ending 6/27/98) The Asset of the partnership is as follows: 3601 Washington Blvd , Balto , Md., Value of Asset Category "J" $5,000,001 - $25,000,000; Income - rent Category "x" $1,000,001 - $5,000,000. The Liabilities: of the partnership include Mellon Mortgage Co. Pittsburgh, Pa., mortgage on 3601 Washington Blvd , Balto , Md., Amount of Liability Category "I" $5,000,001 - $25, 000,000

[3] Includes IRAs for filer and spouse

[4] A trust established by filer on June 29, 1990, for the benefit of spouse during her lifetime with remainderman interest to filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties. That partnership owns property located at 1300 S. Monroe St , Balto., Md. and 2330 N. Warwick Ave , Balto., Md. (through a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc. In addition the trust purchased life insurance in March, 1991. The Assets of the trust and partnerships are as follows: A one-sixth partnership interest in Green Properties Partnership whose assets include: (1) 1300 S. Monroe St., Balto., Md., Value of Asset Category "I" $1,000,001 - $5,000,000, Income - rent Category "ix" $100,001 - $1,000,000 and (2) Warwick Associates partnership whose assets include 2330 N Warwick Ave, Balto , Md. (including equipment), Value of Asset Category "H" $500,001 - $1,000,000, Income - rent Category "viii" $50,001 - $100,000. The Liabilities of Green Properties Partnership include: (1) Provident Bank of Maryland, mortgage on 1300 S Monroe St., Balto., Md., Amount of Liability Category "H" $1,000,001 - $5,000,000 and (2) Bank of Md., Towson, Md. (liability of Warwick Associates partnership), mortgage on 2330 N. Warwick Ave., Balto., Md., Amount of Liability Category "F" $250,001 - $500,000

[5] Evaluation based on an informal option given on 8/17/95 to B. Green & Co., Inc. to purchase trust interest in Green Properties Partnership

[6] Name changed from GT Global Telecom Fund B to AIM on May 28, 1998

[7] Bond transferred from Alex Brown Account to Dean Witter on November 25, 1998

[8] Purchases made automatically through dividend and/or distribution reinvestment program with company

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

JULIA M CARSON
(Full Name)

2530 North Park Avenue, Indianapolis, Indiana 46205 (202)225-4011
(Mailing Address) (Daytime Telephone)

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State INDIANA District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Julia M Carson

DATE (Month/Day/Year) 5/21/99

Name	HON JULIA CARSON	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF INDIANA	LEGISLATIVE PENSION	$4,470.72
	STATE OF INDIANA	"	5,856.00
	CUMMINS ENGINE COMPANY	PENSION	1,500.00

For payments to charity in lieu of honoraria, use Schedule II.

Name HON JULIA CARSON	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. JULIA CARSON | Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CUMMINS ENGINE CO			XX										XX								XX										

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SCHEDULE IV — TRANSACTIONS

Name HON JULIA CARSON | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–98		X								
	NONE															

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Name HON JULIA CARSON | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name HON JULIA CARSON | Page 7 of 8

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 AM 9:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(14)

Michael N. Castle
(Full Name)

2001 Kentmere Place
(Mailing Address)

Wilmington DE 19806

Daytime Telephone
302 428-1902

Filer Status	[X] Member of the U.S. House of Representatives	State DE District 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael N. Castle

DATE (Month/Day/Year): May 14, 1999

Name Michael N. Castle | **Page** 1 **of** 9

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples*	SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	14 George Street, Dewey Beach, DE	$250,001 - $500,000	Rent	$15,001 - $50,000	NA
	224A Justice Court, Washington, DC	$50,001 - $100,000	Rent	$15,001 - $50,000	NA
	Ninth Street Partnership, owning offices @ 300 - 322 W. Ninth Street, Wilmington, DE 26.67% interest (Partnership, Inc.) Gross rental income	$100,001 - $250,000	Net income through rent of $2,501 - $5,000	$15,001 - $50,000	NA
	Carlyle Real Estate LP x5 Partnership Income	$1,001 - $15,000	Rent and capital gains	None	NA
	Brandywine Fund	$50,001 - $100,000	Dividends and Capital Gains	$50,001 - $100,000	P AND S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Vanguard Money Market Reserve Prime Portfolio	$50,001 - $100,000	Dividends	$201 - $1,000	P AND S
Fidelity Municipal Money Market Fund	None	Interest	$201 - $1,000	P AND S
JMS Money Market (Account 1)	$100,001 - $250,000	Dividends	$5,001 - $15,000	P AND S
JMS Money Market (Account 2)	None	Dividends	$1 - $200	P AND S
The Oakmark International Fund	$15,001 - $50,000	Dividends and capital gains	$1,001 - $2,500	P AND S
American Century Benham Target 2010	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
American Century Benham Target 2015	$1,001 - $15,000	Dividends and Capital Gains	$201 - $1,000	P
American Century Benham Target 2000	$1,001 - $15,000	Dividends and Capital Gains	$1 - $200	P
Cohen & Steers Realty	$15,001 - $50,000	Dividends and Capital Gains	$2,501 - $5,000	P
Janus Overseas Fund	$15,001 - $50,000	Dividends and Capital Gains	$1,001 - $2,500	P
FBR Financial Services	$15,001 - $50,000	Dividends and Capital Gains	$201 - $1,000	P
Third Avenue Small Corp.	$15,001 - $50,000	Dividends and Capital Gains	$1 - $200	P AND S
Baron Small Corporate Fund	$15,001 - $50,000	Dividends and Capital Gains	$1 - $200	P AND S
Vanguard Special Health Care	$15,001 - $50,000	Dividends and Capital Gains	$201 - $1,000	P
Dodge and Cox Balance Fund	$50,001 - $100,000	Dividends and Capital Gains	$1,001 - $2,500	P
Schwab Cash Account	$15,001 - $50,000	Dividends	$201 - $1,000	P
Fidelity Real Estate Investment	$15,001 - $50,000	Dividends and Capital Gains	$1,001 - $2,500	P AND S
Caldwell & Orkin Market Opportunity	$50,001 - $100,000	Dividends and Capital Gains	$1,001 - $2,500	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	DE General Obligation due 5/1/02 Zero Coupon	$1,001 - $15,000	None	None	
	DE General Obligation due 5/1/03 Zero Coupon	$15,001 - $50,000	None	None	
	DE General Obligatio due 5/1/04 Zero Coupon	$1,001 - $15,000	None	None	
	DE General Obligation due 5/1/05 Zero Coupon	$1,001 - $15,000	None	None	
	DE EDA Hospital Revenue - Riverside Zero Coupon due 1/1/06	$1,001 - $15,000	Interest	$201 - $1,000	
	PR Electric Power Due 7/1/01	$1,001 - $15,000	None	None	
	PR Electric Power Due 7/1/99	$15,001 - $50,000	None	None	
	PR Electric Power Due 7/1/00	$15,001 - $50,000	None	None	
	DE State Economic Development Authority Due 5/1/07	$1,001 - $15,000	Interest	$201 - $1,000	
	PR Electric Power Due 7/1/17 Zero Coupon	$1,001 - $15,000	None	None	
	ML Global Allocation D IRA	$15,001 - $50,000	Dividends and Capital Gains	$1,001 - $2,500	
	ML Growth Fund CLD IRA	$15,001 - $50,000	Dividends and Capital Gains	$201 - $1,000	
	Merrill Lynch Retirement Reserve IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	
	CD National City Bank IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	Morgan Stanley Group IRA	$1,001 - $15,000	Interest	$201 - $1,000	
	Bankers Trust Zero Coupon Coupon DC IRA	$15,001 - $50,000	None	None	
	Chiron Corp Del IRA	$1,001 - $15,000	None	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Hewlett Packard Co IRA	$1,001 - $15,000	Dividends	$1 - $200	
Oracle Corp IRA	$1,001 - $15,000	None	None	
BCE Inc. - stock IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	
Intel Corp IRA	$50,001 - $100,000	Dividends	$1 - $200	
John Hancock Annuity	$15,001 - $50,000	Interest	$1,001 - $2,500	
Dreyfus Core Value Fund	$50,001 - $100,000	Dividends and Capital Gains	$201 - $1,000	P
Windsor Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	P
D. L. Babson Money Market Fund	$1,001 - $15,000	Interest	$201 - $1,000	P
Babson - Stewart Ivory Inter Fund Inc.	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
Merrill Lynch Ready Asset Trust	$15,001 - $50,000	Interest	$201 - $1,000	P
Manulife Financial Venture Vision Annuity	$100,001 - $250,000	None	None	P
T. Rowe Price Variable Annuity	$100,001 - $250,000	None	None	P
Dean Witter Pacific Growth FD IRA	$1,001 - $15,000	None	None	
Dean Witter European Growth IRA	$1,001 - $15,000	Dividends and Capital Gains	$1 - $200	P
Dean Witter American Value IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
Dean Witter Dividend Growth IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
T. Rowe Price International Stock Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	P
T. Rowe Price Growth and Income Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	P
T. Rowe Price Stable Value FD Schedule A	$15,001 - $50,000	Dividends	$201 - $1,000	P

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	T. Rowe Price New America Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	T. Rowe Price New Horizons Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	P
	U.S. Savings Bond, Series EE	$1,001 - $15,000	Interest	$201 - $1,000	
	Wilmington Trust co. Cash Accounts	$1,001 - $15,000	Interest	$201 - $1,000	
	Fidelity Investment Municipal Bond Fund	$1,001 - $15,000	Interest	$201 - $1,000	P
	Trust U/A 8/25/41 M/B James M. Castle TR #1 11.11% interest (changed from 8.33% to 11.11% due to death of sibling). Allocable share of trust income per K-1	Not applicable	Dividends	$2,501 - $5,000	
	Trust #1 M/B James M. Castle 11.11% interest Equity Fund - mutual fund	$15,001 - $50,000	See K-1 income distribution above for James M. Castle TR#1	NA	
	Trust #1 M/B James M. Castle 11.11% interest Fixed Income Fund - mutual fund	$1,001 - $15,000	See K-1 income distribution above for James M. Castle TR#1	NA	
	Trust U/A 1/21/53 M/B James M. Castle TR#3 11.11% interest (change from 8.33% to 11.11% due to death of sibling). Allocable share of trust income per K-1	Not applicable	Dividends	$201 - $1,000	
	Trust #3 M/B James M. Castle 11.11% interest American Home Products - stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest Atlantic Richfield stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest Bank of New York Inc. Com	$1,001 - $15,000	See K-1 income distribution above for James M. Castle TR#3	NA	
	Trust #3 M/B James M. Castle 11.11% interest Bristol Myers Squibb Co.	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust #3 M/B James M. Castle 11.11% interest in Chase Manhattan Corp.	$1,001 - $15,000	See K-1 income distribution above for James M.Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Coca Cola Corp.	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in DuPont E. I. deNemours Co. stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Eastman Kodak Co. stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in GTE Corp stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Ford Motor Co. stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Ford Motor Company stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in General Electric Co. stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Gillette Company stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
	Trust #3 M/B James M. Castle 11.11% interest in Heinz HJ Company Stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Trust #3 M/B James M Castle 11 11% interest in Johnson and Johnson stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Hercules Inc stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Intel Corp stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Mobil Corp stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust#3 M/B James M Castle 11 11% interest in J C Penney Co stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Motorola Inc stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Proctor & Gamble stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle Trust #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in Sonat Inc stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle TR #3	NA	
	Trust #3 M/B James M Castle 11 11% interest in SBC Communications Inc stock	$1,001 - $15,000	See K-1 income distribution above for James M Castle TR#3	NA	
	Trust #3 M/B James M Castle 11 11% interest in US West Communications Group	$1,001 - $15,000	See K-1 income distribution aove for James M Castle TR#3	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Trust #3 M/B James M. Castle 11.11% income Mellon Bank Corp stock	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	
Trust #3 M/B James M. Castle 11.11% interest - Delaware Trust Fixed Income Fund - mutual fund	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #3	NA	P AND S
Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle Allocable shares of trust income per K-1	Not applicable	Dividends	$2,501 - $5,000	
Irrevocable Trust DTD M/B J. M. Castle, FBO M. N. Castle - CoreStates Trust MM	$1,001 - $15,000	See K-1 income distribution above for Irrevocable Trust DTD M/B J. M. Castle FBO M. N. Castle	NA	P AND S
Irrevocable Trust DTD 8/27/68 M/B J. M. Castle FBO M. N. Castle Equity Fund - Mutual Fund	$50,001 - $100,000	See K-1 income distribution above for Irrevocable Trust DTD M/B J. M. Castle FBO M. N. Castle	NA	
Irrevocable Trust DTD 8/27/68 M/B J. M. Castle, FBO M. N. Castle DE Municipal Bond Fund Mutual Fund	$50,001 - $100,000	See K-1 income distribution above for Irrevocable Trust DTD M/B James M. Castle FBO M. N. Castle	NA	
Trust U/A 1/4/46 M/B James M. Castle TR#2 11.11% interest (changed from 8.33% to 11.11% interest due to death of a sibling) Allocable shares of Trust income per K-1	Not applicable	Dividends	$1,001 - $2,500	
Trust #2 M/B James M. Castle 11.11% interest - Corestates Trust Money Market	$1,001 - $15,000	See K-1 income distribution above for James M. Castle Trust #2	NA	
Trust #2 M/B James M. Castle 11.11% interest Abbott Labs Com	$15,001 - $50,000	See K-1 income distribution above for James M. Castle Trust #2	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Amerisorce Health Corp. stock	$15,001 - $50,000	Dividends	$1 - $200	
EVI, Inc. stock	$15,001 - $50,000	Dividends	$1 - $200	
Northern Telecom Ltd	$15,001 - $50,000	Dividends	$201 - $1,000	Partial sale
Prime Hospitality Corp	$1,001 - $15,000	Dividends	$1 - $200	
Reading & Bates Corp	$15,001 - $50,000	Dividends	$1 - $200	
United Video Satellite	$15,001 - $50,000	Dividends	$1 - $200	
Wolverine Worldwide	$1,001 - $15,000	Dividends	$1 - $200	
State of Delaware pension (entitled but not received)				

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Caldwell & Orkin Market Opportunity Fund	Purchase	01-31-98	$15,001 - $50,000
	Third Avenue Small Corp	Sold	12-28-98	$15,001 - $50,000
	Baron Small Corp Fund	Sold	12-28-98	$15,001 - $50,000
	Brandywine Mutual Fund	Sold	1/8/98	$15,001 - $50,000
	Brandywine Mutual Fund	Sold	7-15-98	$15,001 - $50,000
	The Oakmark International Fund	Sold	11-23-98	$15,001 - $50,000
	Fidelity Real Estate Investment	Sold	11-23-98	$15,001 - $50,000
	Vanguard Intermediate Term Tax Exempt Fund	Purchase	2-12-98	$15,001 - $50,000
	American Century Benham Target 2000	Purchase	2/9/98	$1,001 - $15,000
	Caldwell & Orkin Market Opportunity Fund	Purchase	8/2/98	$1,001 - $15,000
	Dodge and Cox Balanced Fund	Purchase	3/27/98	$1,001 - $15,000
	Dodge and Cox Balanced Fund	Purchase	6/26/98	$1,001 - $15,000
	Dodge and Cox Balanced Fund	Purchase	12/29/98	$1,001 - $15,000
	Vanguard Intermediate - Term Tax Exempt Fund	Purchase	various dates	$1,001 - $15,000
	Vanguard Health Care Fund	Purchase	various dates	$1,001 - $15,000
	The Oakmark International Fund	Purchase	11/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Windsor Fund	Purchase	12/16/98	$1,001 - $15,000
	Babson - Stewart Ivory International	Purchase	12/17/98	$1,001 - $15,000
	Dreyfus Core Value Fund	Purchase	various	$1,001 - $15,000
	Caldwell and Orkin Market Opportunity	Purchase	1998	$1,001 - $15,000
	FBR Financial Services	Purchase	12/15/98	$1,001 - $15,000
	Cohen & Steers Realty Shares	Purchase	various dates	$1,001 - $15,000
	Vanguard Intermediate Tax Exempt Fund	Purchase	various dates	$1,001 - $15,000
	Fidelity Real Estate Investment	Purchase	various dates	$1,001 - $15,000
	Northern Telecom Ltd.	Sold	1/29/98	$1,001 - $15,000
	James M. Castle TR#3 11.11% interest American Home Products	Sold	5/8/98	$1,001 - $15,000
	James M. Castle TR#3 11.11% interest Associates First Capital	Sold	5/8/98	$1,001 - $15,000
	James M. Castle TR#3 11.11% interest General Electric Co.	Sold	5/8/98	$1,001 - $15,000
	James M. Castle TR#3 11.11% interest Fixed Income Fund	Purchase	5/8/98	$1,001 - $15,000

Name Michael N. Castle	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child.
amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Wilmington Trust Company	26.67% of mortgage or 300 - 322 W. Ninth Street, Wilmington, DE	$100,001 - $250,000
	Wilmington Trust Company	224A Justice Court, Washington, DC	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Aspen Institute for Conference on Education and the Development of American Youth	February 13 - 16, 1998	Friday, 2/13 left Philadelphia for Chalotte, NC and returned to Philadelphia from Charlotte, NC on Monday, February 16	Y	Y	Y	N/A
Aspen Institute conference on Relations between the U.S. and Russia. A meeting of the legislative branches	May 26 - 31, 1998	Friday, 5/26 left New York, JFK for Geneva where they arrived 5/27 Sunday, May 31 they left Geneva and arrived in New York JFK same day	Y	Y	Y	N/A
Globe International General Assembly XIII in Cape Code, MA	August 23 - 26, 19998	Sunday, 8/23 departed Philadelphia for Boston and departed Portland, ME on September 1 to return to Philadelphia	Y	Y	Y	8/27 - 9/1

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(10)

STEVEN J. CHABOT
(Full Name)

3014 HARRISON AVE
(Mailing Address)

513 662-8000
Daytime Telephone

CINCINNATI, OHIO 45211

Filer Status	[X] Member of the U.S. House of Representatives — State: OHIO District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Steven J. Chabot

DATE (Month/Day/Year): 5/11/99

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Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name STEVEN J CHABOT | Page . . of

SP, DC, JT	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset** A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C **Type of Income** DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example Partnership Income or Farm Income)	BLOCK D **Amount of Income** I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E **Transaction** P, S, E
SP	*Examples* Mega Corp Stock					X								X										X								P
DC	*Examples* Simon & Schuster		Indefinite																	Royalties									X			
JT	*Examples* 1st Bank of Paducah, KY accounts						X									X										X						
	C.G.M MUTUAL FUND			X										X									X									
	FOUNDERS BLUE CHIP FUND			X										X			X							X								
	IVY INTERNATIONAL FUND			X										X			X					X										
	JANUS FUND			X										X			X						X									
	NEUBERGER + BERMAN GUARDIAN FUND			X										X			X							X								
	SELECTED AMERICAN SHARES FUND			X										X			X					X										

BLOCK A: Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year For rental property or land, provide an address. Provide full names of any mutual funds For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting year

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B: at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK D: For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E: Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page ____ of ____

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	(FORMERLY 20TH CENTURY) AMERICAN CENTURY FUND			X										X			X							X								
	T ROWE PRICE FUND			X										X			X						X									
	VANGUARD WELLINGTON F.D.			X										X			X							X								
	CHARLES SCHWAB & COMPANY		X																		X											
	WARBURG PINCUS FUND			X																	X											
	LOOMIS SAYLES (BOND) FUND			X																	X											
	NICHOLAS II FUND			X																	X											
	LEGG MASON FUND			X																	X											
	APPLEBEES COMMON STOCK			X										X								X										
	CINTAS " "			X										X								X										
	COCA COLA " "			X										X								X										
	CRACKER BARRELL "			X										X								X										
	PEPSICO " "			X										X								X										
	TRICON " "			X																	X											
	DISNEY " "			X										X								X										
	WENDY'S " "			X										X								X										
	SARA LEE " "			X										X								X										
	INTERSTATE BAKERIES "			X										X								X										
	GRADISON MONEY MARKET					X								X											X							
	PNC BANK ACCTS				X											X							X									
	CHEVIOT BYL C.D.S				X											X								X								
	5/3 BANK C.D			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEVEN J CHABOT | Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	STAR BANK			X												X						X										
	WESTWOOD HOMESTEAD S&L					X										X									X							
	BERLEK 100 FUND IRA				X									X			X								X							
	COLUMBIA SPECIAL FUND IRA				X									X			X								X							
	LATENAT INDEX PLUS FUND IRA				X									X			X								X							
	KAUFMANN FUND IRA				X									X			X							X								
	OHIO PUBLIC EMPLOYEES DEFERRED COMP PLAN					X																				X						
	OHIO PERS				X									X								X										
	MONTGOMERY EMER. FUND			X																		X										

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SCHEDULE IV — TRANSACTIONS

Name STEVEN J CHABOT | Page of

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	WARBURG PINCUS MUTUAL FUND		X		1-15-98	X									
	NICHOLAS II MUTUAL FUND		X		1-15-98	X									
	LOOMIS SAYLES MUTUAL FUND		X		1-15-98	X									
	LEGG MASON MUTUAL FUND		X		1-15-98	X									

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Name STEVEN J CHABOT | Page ___ of ___

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name STEVEN J CHABOT | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

Name STEVEN J CHABOT	Page ___ of ___

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
DEC 85-94 (PAID INTO	OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM (PERS)	UPON RETIREMENT
MAY 90 - DEC (PAID INTO 94	" " " DEFERRED COMP.	AT AGE 55

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 17 AM 11:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MO (Office Use Only)

Sarby Chambliss
(Full Name)

1019 Longworth
(Mailing Address)

Wash. DC 20515

Daytime Telephone: 202/225-6531

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL X Sarby Chambliss

DATE (Month/Day/Year) May 3, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Colquitt Co. Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

59 072 00 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X							P
	DC Simon & Schuster			Indefinite																Royalties									X		
	JT 1st Bank of Paducah, KY accounts						X									X									X						
	SW GA FIN. CORP				X									X									X								
	Kendallwood Crossing			X													X						X								
	APECC CORP. STOCK			X																											
	CONG. FED. CRED. UNION		X													X						X									

For additional assets and unearned income, use next page.

Name Crumblins | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	AMERICAN BANKING Co GA	UNSECURED CONSUMER LOAN										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Chambliss | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	SAFARI CLUB INTL	1/30-2/1/98	ATL - RENO, NV - ATL	Y	Y	N	N
	FOREST LANDOWNERS ASSN	5/1/98	ALB - ORLANDO - ALB		Y	N	N
	BRIGHT BELT WATERHOUSE Assn	6/23-24	WASH DC - HILTON HEAD SC - WDC	Y		Y	N
	Chicago Board of Trade	8/18-19	ATL, GA - Chicago - ATL	Y	Y	N	N
	DAIRY FARMERS of America	10/17-19	ALB, GA - MADISON, SD - ALB, GA	Y	Y	N	N

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Name Chambliss	Page 06

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIR./OFFICER	APEEC CORP. (SUB S.)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-185 (max)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 JUN 11 AM 11:07
INSIDE MAIL
(Office Use Only)

Sarby Chambliss
(Full Name)

1019 Longworth
Wash. DC 20515
(Mailing Address)

Daytime Telephone 202/225-6531

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 8	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 17)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sarby Chambliss

DATE (Month/Day/Year): 8 June 1999

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	American Banking Co. GA	unsecured cons. loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 2:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Helen P. Chenoweth
(Full Name)

1727 Longworth HOB
(Mailing Address)

(202) 225-6611
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State Idaho District 1	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Do you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Helen Chenoweth

DATE (Month/Day/Year) May 15, 1999

Name Helen P. Chenoweth | Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	Block B											Block C							Block D										Block E
				A None	B $1 – $1,000	C $1,001 – $15,000		E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	S, P, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock						X								X										X							P
			Simon & Schuster				Indefinite																Royalties									X		
			1st Bank of Paducah, KY accounts						X										X										X					
			Land, Route 1, Orofino, Idaho					X																										
			Congressional Federal Credit Union						X										X							X								
			Home Valley Bank		X														X						X									
			First Security														X								X									
			BHC Securities		X												X								X									
			Residence, Mount Eagle Dr Alexandria, VA (Shared living expense)	X														X						X	REPORTED FOR CLARITY ONLY									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Helen P. Chenoweth

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Note Receivable Chenoweth for Congress			X	Pd.	off	2/12/1999														X											
	American Church Trust Co. Money Market & Note 6/15/93 (within an IRA)			X												X							X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Virginia Dinnison, Orofino, Idaho	Mortgage on land, Route 1 Orofino, Idaho	X									
	Joe Krygoski, Menominee, Michigan	Personal Promissory Note		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Helen P. Chenoweth | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Spring 1998 Leadership Summit	Mar. 20-23	Wash., D.C.-Miami, FL-Wash., D.C.	Y	Y	N	N
	First Ladies Prayer Breakfast Association	Nov. 9-12	Wash., D.C.-St. Petersburg/FL-Wash.,D.C.	Y	Y	N	N

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Name	Page
Helen P. Chenoweth	6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board of Director (UNPA)	Center for the Study of Market Alternatives

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED 99 MAY 27 PM 1:34
LEGISLATIVE RESOURCE CENTER
OFFICE OF THE CLERK
99 MAY 27 PM 1:34

DONNA MARIE CHRISTIAN-CHRISTENSEN
(Full Name)

1211 LONGWORTH H.O.B.
WASHINGTON D.C.
(Mailing Address)

(202) 225-1790
Daytime Telephone

INSIDE MAIL 9
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State VIRGIN ISLANDS District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: mc Christian

DATE (Month/Day/Year): 5/26/99

Name	Page
DONNA M. C. CHRISTENSEN	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Retirement from Armed Forces	Spouse	N/A
	Survivor Benefit	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9
DONNA M. C. CHRISTENSEN	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1998	$500
NONE			

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Name DONNA M. C. CHRISTIANSEN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp. Stock				X								X										X								P
			Simon & Schuster			Indefinite															Royalties									X			
			1st Bank of Paducah, KY accounts					X									X										X						
	1102 RICHMOND								X							X								X									
																						(the building operates at a loss)											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DONNA M. CHRISTENSEN

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	(2) IRA's (Spouse)			X	3-98	X									

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Name DONNA M.C. CHRISTENSEN | Page 7 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	V.I. COMMUNITY BANK	Mortgage 1102 Richmond				X						
	V.I. + U.S. GOVERNMENT	TAXES		X								
	V.I. COMMUNITY BANK	LOAN		X								
	S.											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name: Devin M. Christiansen | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 8–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Medical Assn	Aug 1-5	Wash, DC -> N.Orleans DC	Y	Y	N	$ N
	Caribbean Business Conference	Nov 5-8	V.I. -> St. Lucia -> V.I.	Y	Y	N	N
	Caribbean Chamber of Commerce	Apr 3-4	DC -> NY -> DC	Y	Y	N	N
	Caribbean Down United	Mar 26-27	DC -> NY -> DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	V. I. MEDICAL INSTITUTE (P.R.O.)
PRESIDENT	DONNA GREEN, MD, PC (1102 RICHMOND)
BOARD OF TRUSTEES	NATIONAL MEDICAL ASSOCIATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 JUN 15 PM 4:19
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(8)
MC
(Office Use Only)

DONNA MARIE CHRISTIAN-CHRISTENSEN
(Full Name)
1711 LONGWORTH H.O.B.
WASHINGTON, D.C. 20515
(Mailing Address)
Daytime Telephone 225-1790

Filer Status	[X] Member of the U.S. House of Representatives	State VIRGIN ISLANDS District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 17)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Donna M C Christensen

DATE (Month/Day/Year) 6/11/99

Name	Page 2 of 9
DONNA M. C. CHRISTENSEN	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Armed forces retirement pension	Spouse	NA
	Spouse's survivor benefits	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DONNA M. C. CHRISTENSEN

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NONE			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DONNA M. C. CHRISTENSEN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example; Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP, DC, JT	Examples. SP Mega Corp. Stock					X								X										X								P
	Examples. DC Simon & Schuster			Indefinite																Royalties												
	Examples. JT 1st Bank of Paducah, KY accounts						X									X																
	PROPERTY - 1102 Richmond							X							X								X	(no profit realized)								
	USAA I.R.A. (spouse)			X																												E

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name DONNA M. C. CHRISTENSEN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
	USAA I.R.A.'s (2)			X	9-25-98	X									

This page may be copied if more space is required.

Name DONNA M. C. CHRISTENSEN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	V.I. COMMUNITY BANK	Mortgage - 1102 Richmond				X						
	V.I. + U.S. GOVERNMENT	TAXES		X								
	V.I. COMMUNITY BANK	BUS. LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Feoeral political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Medical Assn	Aug 1-5	Wash, D.C.—N. Orleans—D.C.	Y	Y	N	N
	Caribbean Business Conference	Nov 5-8	V.I. → St. Lucia — V.I.	X	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
BOARD MEMBER	V.I. MEDICAL INSTITUTE (P.R.O.)
PRESIDENT	DONNA GREEN, MD, P.C.
BOARD OF TRUSTEES	NATIONAL MEDICAL ASSOCIATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY -7 AM 9:43

William L. Clay
(Full Name)

2306 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

(202) 225-2406
Daytime Telephone

INSIDE MAIL
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: W L Clay

DATE (Month/Day/Year): May 6, 1999

Name William L. Clay	Page 1 of 14

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Just Permanent Interests	Book Royalites	$3,272.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 2 of 14
William L. Clay	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NONE	NONE		

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source		Value of Asset	Type of Income	Amount of Income	Transaction
			A None / B $1 – $1,000 / C $1,001 – $15,000 / E $15,001 – $50,000 / F $50,001 – $100,000 / G $100,001 – $250,000 / H $250,001 – $500,000 / I $500,001 – $1,000,000 / J $1,000,001 – $5,000,000 / K $5,000,001 – $25,000,000 / L $25,000,001 – $50,000,000 / Over $50,000,000	DIVIDENDS / RENT / INTEREST / CAPITAL GAINS / EXCEPTED TRUST / QUALIFIED BLIND TRUST / Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None / II $1 – $200 / III $201 – $1,000 / IV $1,001 – $2,500 / V $2,501 – $5,000 / VI $5,001 – $15,000 / VII $15,001 – $50,000 / VIII $50,001 – $100,000 / IX $100,001 – $1,000,000 / X $1,000,001 – $5,000,000 / XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock			X	X	P
	Examples: Simon & Schuster		Indefinite		Royalties	
	Examples: 1st Bank of Paducah, KY accounts		X	X	X	
	Certificate of Deposit Cong. Credit Union		X	X	X	
	" "		X	X	X	
	" "		X	X	X	
	" "		X	X	X	
	" "		X	X	X	
	" "		X	X	X	
	" "		X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Cong. Credit Union (C.D.)				X											X							X									
	Cong. Credit Union (C.D.)			X												X						X										
	Cong. Credit Union (C.D.)			X												X						X										P
	Cong. Credit Union (C.D.)			X												X						X										P
	Cong. Credit Union (C.D.)			X												X						X										P
	Cong. Credit Union(Sav)				X											X								X								
	Pulaski Savings & Loan(CD)			X												X								X								
	Sandy Springs Bank(SAV.)				X											X								X								
	Sandy Springs Bank (CD)				X											X								X								
	A.G. Edwards			X										X										X								
	A.G. Edwards			X										X										X								
	American Express			X										X									X									
	Ameren		X											X							X											
	Ameren			X										X								X										E
	Ameren			X										X								X										P
	Anheuser Busch				X									X										X								
	Anheuser Busch				X									X										X								
	Anheuser Busch			X										X											X							
	AT&T			X										X									X									
	Browning-Ferris, Inc.		X											X								X										
	Bio Pharam			X										X								X										P
	BF Goodrigh			X										X								X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Compact Computer			X										X								X										P
	Compaq			X										X								X										P
	CBMI			X										X								X										P
	ComCast			X										X								X										P
	Centennial Money Market			X										X								X										
	Dave & Buster, Inc.		X											X							X											
	Dial		X											X								X										
	Earthgrains		X											X								X										Split
	Earthgrains		X											X								X										Split
	Earthgrains		X											X								X										
	Earthgrains		X											X								X										
	Edison Brothers		X											X								X										
	Global Marine			X										X								X										P
	Heiligic-Meyers			X										X								X										P
	Home Depot			X										X								X										P
	I.C. Whitman			X										X								X										
	Insituform Mid-America			X										X								X										
	Insituform Mid-America			X										X								X										
	Johnson & Johnson			X										X								X										
	Johnson & Johnson			X										X								X										
	Johnson & Johnson			X										X								X										
	Jones Medical, Inc.			X										X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: William L. Clay

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1-$1,000	C $1,001-$15,000	D $15,001-$50,000	E $50,001-$100,000	F $100,001-$250,000	G $250,001-$500,000	H $500,001-$1,000,000	I $1,000,001-$5,000,000	J $5,000,001-$25,000,000	K $25,000,001-$50,000,000	L OVER $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1-$200	III $201-$1,000	IV $1,001-$2,500	V $2,501-$5,000	VI $5,001-$15,000	VII $15,001-$50,000	VIII $50,001-$100,000	IX $100,001-$1,000,000	X $1,000,001-$5,000,000	XI Over $5,000,000	BLOCK E Transaction P S E
	Jones Medical			X										X								X										
	Jones Medical			X										X								X										
	Jones Medical			X										X								X										
	Jones Medical			X										X								X										
	Laclede Gas			X										X								X										
	Laclede Gas			X										X								X										
	Lehman Bros Holdings			X										X								X										
	Laser Vision				X									X								X										P
	Laser Vision				X									X								X										P
	Loral Space & Com			X										X								X										P
	Lucent Tech			X										X								X										P
	Lucent Tech			X										X								X										Split
	Lucent Tech		X											X								X										
	Midas			X										X								X										Spin-off
	Parking Drilling			X										X								X										P
	Pepsico			X										X								X										P
	Precision Auto			X										X								X										P
	Precision Auto			X										X								X										P
	Monsanto Chemical			X										X								X										
	Rally's Hamburger			X										X								X										
	Schwartz Brothers	X												X							X											
	Southwestern Bell (SBC)		X											X										X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1-$1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L $50,000,001 – $100,000,000	BLOCK C Type of Income: DIVIDENDS	RENTS & ROYALTIES	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1-$200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Southwestern Bell(SBC)		X											X									X										
	Southwestern Bell			X										X									X										P
	Southwestern Bell			X										X									X										Split
	Southwestern Bell			X										X									X										
	Solutia			X										X								X											P
	Solutia			X										X								X											P
	Union Electric			X										X								X											
	Union Electric			X										X							X												
	UNUM				X									X									X										
	URS			X										X								X											
	Xerox			X										X								X											
	Xerox			X										X								X											
	Anne Arundel Md. General Certificate of			X												X							X										P
	Baltimore MD Partnership			X												X							X										P
	Board of Education St. Lo.			X												X							X										
	Insured Municpals Income			X												X							X										
	John Hopkins			X												X							X										
	Kansas City Sch. Dist.			X												X							X										
	Md. State Health Bethesda Eye			X												X							X										
	Miss. State Highway			X												X							X										
	Mo. HeartLand AMBac			X												X							X										
	Mo. Health(Jewish/Barnes)			X												X							X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name William L. Clay

Page 8 of 14

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1-$1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1-$200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E
	Mo. State(Barnes/Jew/Chri				X																											
	Mo. State Fourth Estate			X												X								X								
	Baltimore Cert. Partship		X													X																
	Mo. State Children Hosp.		X														X							X								
	Puerto Rico Highway		X													X								X								
	St. Charles Water			X											X								X									
	St. Louis Airport			X											X								X									
	St. Louis Convention			X											X								X									
	St. Louis Police				X										X									X								
	St. Louis Parking			X											X								X									P
	St. Lo. Municipal Finance			X											X								X									
	St. Louis University			X											X								X									
	St. Louis County General				X										X									X								
	Southeast Mo. Corrections			X											X								X									
	Tacoma Park Medical			X											X								X									
	VIAD			X										X							X											
	NCR		X											X							X											

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SCHEDULE IV — TRANSACTIONS

Name William L. Clay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Aurundel Maryland Bond	X			05/13/98	X									
	Baltimore Certificate of Partnership	X			10/01/98	X									
	N.Y. Dormitory Authority		X		05/14/98	X									
	N.Y. Mortgage Agency		X		03/27/98	X									
	Missouri State Housing (GNMA)		X		10/21/98	X									
	St. Louis Parking (Kiel Auditorium)	X			04/09/98	X									
	Ameren Corp.			X	01/01/98	X									
	BIO Pharm	X			10/11/98	X									
	AMGEN	X			05/21/98	X									
	BF Goodrich	X			05/22/98	X									
	Compact Computer	X			03/17/98	X									
	COMPAQ	X			04/17/98	X									
	CBMI	X			05/22/98	X									
	COM CAST	X			05/22/98	X									
	Global Marine	X			05/21/98	X									
	Heiligic -Meyers	X			05/22/98	X									

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SCHEDULE IV — TRANSACTIONS

Name: William L. Clay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeds $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Earthgrains		SPLIT		07/20/98	X									
	Earthgrains		SPLIT		10/11/98	X									
	Home Depot	X			03/17/98	X									
	Jones Medical		X		05/15/98		X								
	Jones Medical		X		05/06/98	X									
	Laser Vision	X			04/17/98		X								
	Laser Vision	X			05/22/98		X								
	Loral Space & Comp.	X			10/11/98	X									
	Lucent	X			02/18/98	X									
	Lucent		Split		10/11/98	X									
	Midas		Spin off		01/30/98	X									
	Midas	X			12/30/98	X									
	Parking Drilling	X			05/22/98	X									
	PEPSICO	X			03/17/98	X									
	Precision Auto	X			04/09/98	X									
	Precision Auto	X			05/22/98	X									

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SCHEDULE IV — TRANSACTIONS

Name William L. Clay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	SBC		Split		02/20/98	X									
	Solutia	X			04/09/98	X									
	Solutia	X			10/11/98	X									
	UNUM		X		01/21/98		X								
	House in Ocean Pines	X			01/25/98				X						
	Congressional Credit Union	X			05/21/98	X									
	Congressional Credit Union	X			05/28/98	X									
	Congressional Credit Union	X			05/28/98	X									

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Name: William L. Clay | Page 12 of 14

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Countrywide Home Loan	98 White Horse Dr. Berlin, Maryland			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
		NONE NONE	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Postal Workers Union	July 18-19	Washington, DC-Detroit/DC	Y	Y	Y	N
	National Alliance Black School Educators	Nov. 19-22	Wash. DC -San Diego-Wash DC	Y	Y	Y	N
	Congressional Black Caucus Foundation	Jan. 30-Feb. 1st	Washington DC-Williamsburg Williamsburg-DC	Y	Y	Y	N

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Name	Page 14 of 14
William L. Clay	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	W E. Dubois Foundation
Trustee	Congressional Black Caucus Foundation
Trustee	Tougaloo College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE NONE	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 21 PM 3:25
OFFICE
U.S. HOUSE OF

(6)

MC MAY 17 1999
(Office Use Only)

EVA M. CLAYTON
(Full Name)

59 RIVER ROAD
(Mailing Address)

LITTLETON, NC 27850

Daytime Telephone
(202) 225-3101

Filer Status	[X] Member of the U S House of Representatives	State: NC District: FIRST	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S.C. app. 4, §104 and 18 U.S.C §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eva M. Clayton

DATE (Month/Day/Year): 05/17/99

Name EVA M. CLAYTON | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	THEAOSEUS T. CLAYTON, P.A.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name EVA M. CLAYTON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E Transaction (P, S, E)
SP, DC, JT	*Examples.* SP Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X									X							
JT	307 W Franklin Street																															
	Warrenton, NC				X										X								X									
	BB&T, Warrenton, NC			X												X							X									
SP	BB&T, Warrenton, NC				X															IRA					X							S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name EVA M. CLAYTON

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10-12-98		X								
SP	IRA		X		02-09-98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
SP	First Citizens Bank, Warrenton, NC	Mortgage on 307 W. Franklin Street, Warrenton, NC Property		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Nov. 12 - 16	Baltimore, MD-Bermuda; Bermuda-Baltimore, MD	Y	Y	Y	N
	The Aspen Institute	Apr. 30 - May 1	Wash., DC-Warrenton, VA; Warrenton, VA-Wash., DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:00
CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only) 133

ROBERT (BOB) N. CLEMENT
(Full Name)

2229 RAYBURN BUILDING
(Mailing Address)

WASHINGTON, D.C. 20515

Daytime Telephone (202) 225-4311

Filer Status	[X] Member of the U.S. House of Representatives	State TN District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A ***$200 penalty*** **shall be assessed against anyone who files more than 30 days late.**

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Robert (Bob) N. Clement

DATE (Month/Day/Year) May 17, 1999

Name ROBERT (BOB) N. CLEMENT | Page 2 of 12

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	SP	Value of Asset: None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income: None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	Transaction (P, S, E)
SP	Mega Corp Stock	SP					X								X										X								P
DC	*Examples.* Simon & Schuster				Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts							X									X																
	Dickson Financial Corp Stock, Dickson, TN						X								X									X									
	25 acres Farmland Wilson Co, TN		X															X											X				S
	Rental Property, 4420 East Brookfield, Nashville, TN								X							X											X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	RSC Inv. Real Estate Holdings, Hwy 46, Dickson, TN, 9% partnership interest			X											X	X	X					X	X				X						
	Forrest Hills Development Real Estate held for Invest, Hwy 70, Dickson, TN; 6 2/3% partnership interest			X												X	X				X		X									
	Maybelle G. Clement Invest, Dickson, TN; 1/9 partnership int.			X												X	X				X			X								
	Franklin Nat'l Bank Stock, Franklin, TN						X										X												X			S
	First American Saving Acct, Nashville, TN			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P S E
	Teachers Ins & Annuity Assn. College Retirement Fund:Regular/ Supplemental						X									N.A.									N	A						
	State of TN Retirement				X											N.A.									N	A						
	Normandy Chateau, Residential Rental Apts., 1506 Highland Dr., Knoxville, TN, 6.6% partnership interest				X										X		X								X		X	**				
	Ridgeview Apts., Residential Rental, Rt. 2 Jefferson City, TN;25% partnership interest						X								X		X				X*			X								
	Robinson Property II 23 acres located on Pellissippi Pkwy., Knoxville,TN;7% part. int	X															X											X				S

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* net income

**gross income

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	IRA's - Merrill Lynch:	(SEE ATTACHED: SCHEDULE 1, pages 1-35; SCHEDULE 2, pages 1-4)			
SP	IRA'S - Merrill Lynch:	(SEE ATTACHED: SCHEDULE 3, pages 1-11)			
DC	Merrill Lynch:	(SEE ATTACHED: SCHEDULE 4, pages 1-5 and SCHEDULE 5, pages 1-5)			
	Wright Patman Credit Union, Washington, DC	D X	INTEREST X	II X	
	Health Care Products Nashville, TN invest	C X		I X	
DC	Prudential Equity Income Fund:Class A	C X	DIVIDENDS X	III X	
	Premier Bank, Brentwood, TN Common Stock	C X		I X	
	American General Common Stock	(SEE ATTACHED:SCHEDULE 6, pages 1-12 - J.C. Bradford)			

*CD transferred from Bank of Nashville

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 6 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Meager Means Investment Club, Arlington, VA 4.76% Interest			X										X								X									
	Plymouth Haven Church Bonds			X												X							X								
	Rental Property 11212 Front Beach Rd. Windward #601 Panama City, FL					X									X											X					
	Note Receivable O.J. Gonzales					X										X									X						
	Note Receivable Bill Castleman	X														X						X									Paid Off
	First Union Bank			X												X							X								
	Bank of Nashville Nashville, TN			X												X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Bank of Nashville Nashville, TN	X														X								X*								
	J.C. Bradford Money Market Fund				(SEE ATTACHED: SCHEDULE 6, pages 1-12)																											
	Vanguard Securities Fund - GNMA							X						X												X						S & P
	Franklin Financial Securities/LM Financial Partners				(SEE ATTACHED: SCHEDULE 7, page 1-18)																											
SP	Franklin Financial Securities/LM Financial				(SEE ATTACHED: SCHEDULE 8, pages 1-12 and SCHEDULE 9, pages 1-19)																											
	Wilson Bank & Trust				X									X									X									
	RSC Inv Real Estate Holdings, Hwy 46, Dickson, TN, 9% partnership interest				X**										X	X	X					X										Inherited

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*Proceeds from CD transferred to Merrill Lynch
** Inherited additional shares

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Forrest Hills Develop			X	**											X						X										Inherited
	ment Real Estate Held																	X						X								
	for Invest., Hwy 70,																															
	Dickson, TN; 6 2/3%																															
	partnership interest																															
	Maybelle G. Clement			X	**											X						X										Inherited
	Invest., Dickson, TN;																	X							X							
	1/9 partnership int.																															

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**Inherited additional shares

SCHEDULE IV — TRANSACTIONS

Name ROBERT (BOB) N. CLEMENT

Page 9 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	25 acres farmland, Wilson Co, TN		X		5-18-98					X					
	Franklin Nat'l Bank Stock, Franklin, TN		X		4-14-98		X								
	Franklin Nat'l Bank Stock, Franklin, TN		X		5-12-98				Y						
	Merrill Lynch - See attached Schedules 1-5														
	J.C. Bradford - See attached Schedule 6														
	Franklin Financial Securities/LM Financial - See attached Schedules 7-9														
	Robinson Property II		X*		6-29-98			X							
	Vanguard Securities Fund - GNMA		X		3-20-98		X								
	Vanguard Securities Fund - GNMA	X			7-20-98			X							
	Vanguard Securities Fund - GNMA	X			8-3-98					X					
	Vanguard Securities Fund - GNMA		X		12-23-98		X								

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*Sold real estate & liquidated partnership

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assoc American Railroads	Jan 16-19	Wash.,D.C.-San Diego-Wash.,D.C.	Y	Y	Y	0
	Chinese People's Institute Foreign Affairs	May 23-32	Wash.,D.C.-Shanghai-Xiang-Beijing-Wash.D.C.	Y	Y	Y	0

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Robinson Property II Ltd
Partner	Normandy Chateau
Partner	Ridgeview Apartments
Partner	RSC Investments
Partner	Forrest Hills Development
Partner	Maybelle C. Clement Investments

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

Name	ROBERT (BOB) N. CLEMENT	Page	12 of 12

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Board of Trust, Cumberland University
Board Member	Washington Symphony Orchestra

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

Schedule 1-①

Merrill Lynch

IRA ①

Summary Page

January 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]		[redacted]	1 OF 4	01/01/98 TO 01/30/98

Your Financial Consultant
[redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$178.90
CASH		$0.32
PRICED INVESTMENTS		$92,568.00
PRICED PORTFOLIO - AS OF	01/30/98	$92,747.22
- AS OF	12/31/97	$88,708.88

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$83.44	$83.44
MONEY ACCOUNT INCOME	$1.56	$1.56
TOTAL	$85.00	$85.00

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
01/01		*Opening Balance*			$0.54

ASK YOUR FINANCIAL CONSULTANT HOW THE ROTH IRA CAN HELP YOU BALANCE RETIREMENT AND ESTATE PLANNING GOALS.

CONTINUED ON NEXT PAGE

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Statement of

Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 4	01/01/98 TO 01/30/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
01/02	* DIVIDEND	CRACKER B OLD C STRE HOLDING 345.0000			$1.73
01/02	* DIVIDEND	1ST TENN NATL CORP HOLDING 200.0000			$66.00
01/05	FUND DELIVERY	ML RETIREMENT RESERVES	68		
01/05	PURCHASE	ML RETIREMENT RESERVES	68		-$68.00
01/06	* DIVIDEND	SOUTHWEST AIRLNS CO HOLDING 487.0000			$4.87
01/07	FUND DELIVERY	ML RETIREMENT RESERVES	5		
01/07	PURCHASE	ML RETIREMENT RESERVES	5		-$5.00
01/20	* BOND INTEREST	MORGAN STAN MTG CMO 1987 G 6Z 09.000%JUL20 18			$10.84
01/21	SALE	CBS CORPORATION PRICE 30 1/ 16	176		$5,171.17
01/21	SALE	GAYLORD ENTMT CO NEW COM	97	30 1/4	$2,844.34
01/21	PURCHASE	ML PACIFIC FUND CL B PROSPECTUS ENCLOSED PRICE 16.13	514		-$8,296.17
01/21	SALE	ML RETIREMENT RESERVES	270		$270.00
01/21	RECEIVED	ML RETIREMENT RESERVES	270		
01/30		*Closing Balance*			$0.32

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	01/01/98 TO 01/30/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES								
	AMERN FREIGHTWAYS CORP	AFWY	550	9.625	$5,293			
	**CRACKER B OLD C STRE	CBRL	345	34.625	$11,945	.05	$6	
	1ST TENN NATL CORP	FTEN	200	58.875	$11,775	2.24	$264	
	GENEVA STEEL CO CL A	GNV	1650	2.125	$3,506			
	GREYHOUND LINES INC COM	BUS	2000	3.937	$7,874			
	ICC TECHNOLOGIES INC NEW	ICGN	540	2.375	$1,282			
	REP AUTOMOTIVE PARTS	RAUT	200	12.500	$2,500			
	**SOUTHWEST AIRLNS CO	LUV	487	26.062	$12,692	.15	$19	
	**SUN MICROSYSTEMS INC COM	SUNW	360	47.937	$17,257			
	WILSON BANK HOLDING CO		577	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	525	UNAVAILABLE				
	**WORLDCOM INC GA	WCOM	200	35.812	$7,162			
	WILSON BANK&TRUST INC $2 TENNESSEE	N/N	26	UNAVAILABLE				
	WT12 98COMM FINCL GP USD	CFGIW	750	2.500	$1,875			
	SUBTOTAL				$83,161		$289	
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		514	17.300	$8,892			
	EATON VANCE PRIME RATE RESERVE SBI		1.0020	9.990	$10	7.05	$1	
	SUBTOTAL				$8,902		$1	
CORPORATE & GOVT SECURITIES								
	MORGAN STAN MTG CMO 1987 G 6Z 09.000%JUL20 18 ACCRETED VALUE 481		2000	104.875	$505	8.58	$43	

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	4 OF 4	01/01/98 TO 01/30/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accru Inter
	TOTALS FOR PRICED INVESTMENTS				$92,568.00		$333	
	CASH				$0.32			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 01/01	Dividends/Interest This Statement	Closing Balance As of 01/30	Current Yield %	Dividends/Inter Year to Da
	RETIREMENT RESERVES	$374.34	$1.56	$178.90	5.35	$1.'
	Priced Portfolio			$92,747.22		

To determine the Market Value of your amortizing securities, multiply the amortized value by the current month-end price divided by 100
Monthly principal payments and principal prepayments will cause a security's estimated annual income to decline.

Year-End Plan Value as of 12/31/97: ***$88,708.88***

DUPLICATE 1

END OF IRA STATEMENT

January 1998

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Statement of

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Merrill Lynch

IRA 2

Summary Page

February 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	01/31/98 TO 02/27/98

Your Financial Consultant: [redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$203.73
CASH		$0.93
PRICED INVESTMENTS		$100,401.00
PRICED PORTFOLIO - AS OF	02/27/98	$100,605.66
- AS OF	01/30/98	$92,747.22

Income Summary

	This Statement	Year to Da
PORTFOLIO DIVIDENDS/INTEREST	$0.06	$83.5
MONEY ACCOUNT INCOME	$0.83	$2.3
TOTAL	$0.89	$85.8

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
01/31		***Opening Balance***			$0.32

ELIGIBLE FOR A ROTH IRA? CATCH A FREE MERRILL LYNCH ONLINE(SM) SEMINAR AT 1 & 8 PM (ET). GO TO WWW.PLAN.ML.COM/EVENTS.

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 4	01/31/98 TO 02/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
02/02	* DIVIDEND	EATON VNCE PRM R RSV SBI			$0.06
02/02	FUNDS RECEIVED	ROLLOVER DEPOSIT			$24.55
02/03	RECEIVED	WILSON BANK HOLDING CO	13		
02/03	FUND DELIVERY	ML RETIREMENT RESERVES	24		
02/03	PURCHASE	ML RETIREMENT RESERVES	24		-$24.00
02/26	STOCK DIVIDEND	1ST TENN NATL CORP HOLDING 200.0000	200		
02/27		**Closing Balance**			$0.93

Current Portfolio

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr inter
EQUITIES							
AMERN FREIGHTWAYS CORP	AFWY	550	10.312	$5,671			
**CRACKER B OLD C STRE	CBRL	345	40.437	$13,950	.04	$6	
1ST TENN NATL CORP	FTEN	400	31.875	$12,750	2.07	$264	
GENEVA STEEL CO CL A	GNV	1650	2.312	$3,814			
GREYHOUND LINES INC COM	BUS	2000	4.687	$9,374			
ICC TECHNOLOGIES INC NEW	ICGN	540	2.625	$1,417			
REP AUTOMOTIVE PARTS	RAUT	200	16.375	$3,275			
**SOUTHWEST AIRLNS CO	LUV	487	28.687	$13,970	.13	$18	
**SUN MICROSYSTEMS INC COM	SUNW	360	47.625	$17,145			
WILSON BANK HOLDING CO		577	UNAVAILABLE				
WILSON BANK HOLDING CO	N/N	538	UNAVAILABLE				

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Statement of

Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 4	01/31/98 TO 02/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inte
EQUITIES							
**WORLDCOM INC GA	WCOM	200	38.187	$7,637			
WILSON BANK&TRUST INC	N/N	26	UNAVAILABLE				
$2 TENNESSEE							
WT12 98COMM FINCL CP	CFCIW	750	2.187	$1,640			
USD							
SUBTOTAL				$90,643		$288	
MUTUAL FUNDS & UNIT INVEST TRUSTS							
ML PACIFIC FUND CL B		514	17.990	$9,246			
EATON VANCE PRIME RATE		1.0020	9.990	$10	7.08	$1	
RESERVE SBI							
SUBTOTAL				$9,256		$1	
CORPORATE & GOVT SECURITIES							
MORGAN STAN MTG CMO 1987		2000	104.187	$502	8.63	$43	
O 6Z 09.000%JUL20 18							
ACCRETED VALUE 481							
TOTALS FOR PRICED INVESTMENTS				$100,401.00		$332	
CASH				$0.93			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 01/31	Dividends/Interest This Statement	Closing Balance As of 02/27	Current Yield %	Dividends/Inter Year to D
	RETIREMENT RESERVES	$178.90	$0.83	$203.73	5.27	$2.

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	4 OF 4	01/31/98 TO 02/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
Priced Portfolio				$100,605.66			

To determine the Market Value of your amortizing securities, multiply the amortized value by the current month-end price divided by 100.
Monthly principal payments and principal prepayments will cause a security's estimated annual income to decline.

Year-End Plan Value as of 12/31/97: **$88,708.98**

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DUPLICATE 1

END OF IRA STATEMENT

February 199

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Statement of

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Merrill Lynch

IRA (3)

Summary Page

March 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	02/28/98 TO 03/27/98

Your Financial Consultant
[redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number.

FAO HLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$204.57
CASH		$2.71
PRICED INVESTMENTS		$101,098.00
PRICED PORTFOLIO - AS OF	03/27/98	$101,305.28
- AS OF	02/27/98	$100,605.66

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$1.78	$85.2
MONEY ACCOUNT INCOME	$0.84	$3.2
TOTAL	$2.62	$88.5

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
02/28		**Opening Balance**			$0.93
		MERRILL LYNCH IS SPONSORING NATIONAL SAVING MONTH(SM). FOR INFORMATION ON OUR CHILDREN'S CONTEST, CALL (800) 637-7455, EXT. 3473.			

CONTINUED ON NEXT PAGE

DUPLICATE 1

IRA STATEMENT

March 1998

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 4	02/28/98 TO 03/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
03/02	* DIVIDEND	EATON VNCE PRM R RSV SBI			$0.05
03/27	* DIVIDEND	CRACKER B OLD C STRE HOLDING 345.0000			$1.73
03/27		**Closing Balance**			$2.71

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES								
	AMERN FREIGHTWAYS CORP	AFWY	550	10.937	$6,015			
	**CRACKER B OLD C STRE	CBRL	345	39.750	$13,713	.05	$7	
	1ST TENN NATL CORP	FTEN	400	32.625	$13,050	2.02	$264	
	GENEVA STEEL CO CL A	GNV	1650	3.062	$5,052			
	GREYHOUND LINES INC COM	BUS	2000	4.750	$9,500			
	ICC TECHNOLOGIES INC NEW	ICCN	540	2.593	$1,400			
	REP AUTOMOTIVE PARTS	RAUT	200	17.625	$3,525			
	**SOUTHWEST AIRLNS CO	LUV	487	28.875	$14,062	.13	$18	
	**SUN MICROSYSTEMS INC COM	SUNW	360	41.687	$15,007			
	WILSON BANK HOLDING CO		577	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	538	UNAVAILABLE				
	**WORLDCOM INC GA	WCOM	200	42.812	$8,562			
	WILSON BANK&TRUST INC	N/N	26	UNAVAILABLE				
	$2 TENNESSEE							
	WT12 98COMM FINCL GP	CFGIW	750	2.250	$1,687			

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	02/28/98 TO 03/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES								
	USD							
	SUBTOTAL				$91,573		$289	
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		514	17.540	$9,015			
	EATON VANCE PRIME RATE RESERVE SBI		1.0020	9.990	$10	6.12	$1	
	SUBTOTAL				$9,025		$1	
CORPORATE & GOVT SECURITIES								
	MORGAN STAN MTG CHO 1987 G 6Z 09.000%JUL20 18 ACCRETED VALUE 481		2000	103.781	$500	8.67	$43	
	TOTALS FOR PRICED INVESTMENTS				$101,098.00		$333	
	CASH				$2.71			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 02/28	Dividends/Interest This Statement	Closing Balance As of 03/27	Current Yield %	Dividends/Inter Year to D
	RETIREMENT RESERVES	$203.73	$0.84	$204.57	5.22	$3.
	Priced Portfolio			$101,305.28		

To determine the Market Value of your amortizing securities, multiply the amortized value by the current month-end price divided by 100. Monthly principal payments and principal prepayments will cause a security's estimated annual income to decline.

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	4 OF 4	02/28/98 TO 03/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Year-End Plan Value as of 12/31/97: $88,708.88

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DUPLICATE 1 END OF IRA STATEMENT March 1998

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Statement of

1-13

Merrill Lynch

IRA (4)

Summary Page

April 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	03/28/98 TO 04/24/98

Your Financial Consultant
[redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$289.63
CASH		$0.48
PRICED INVESTMENTS		$104,247.00
PRICED PORTFOLIO - AS OF	04/24/98	$104,537.11
- AS OF	03/27/98	$101,305.28

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$81.77	$167.0
MONEY ACCOUNT INCOME	$1.06	$4.2
TOTAL	$82.83	$171.3

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
03/28		***Opening Balance***			$2.71
		WOMEN BUSINESS OWNERS, SEE WWW.PLAN.ML.COM/EVENTS FOR ONLINE SEMINAR 5/12 AND YOUR FC FOR BROADCAST TELECONFERENCE ON 6/23.			

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 4	03/28/98 TO 04/24/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
03/30	FUND DELIVERY	ML RETIREMENT RESERVES	2		
03/30	PURCHASE	ML RETIREMENT RESERVES	2		-$2.00
03/31	* DIVIDEND	SOUTHWEST AIRLNS CO HOLDING 487.0000			$4.87
04/01	* DIVIDEND	1ST TENN NATL CORP HOLDING 400.0000			$66.00
04/01	* DIVIDEND	EATON VNCE PRM R RSV SBI			$0.06
04/01	FUND DELIVERY	ML RETIREMENT RESERVES	5		
04/01	PURCHASE	ML RETIREMENT RESERVES	5		-$5.00
04/02	FUND DELIVERY	ML RETIREMENT RESERVES	66		
04/02	PURCHASE	ML RETIREMENT RESERVES	66		-$66.00
04/20	* BOND INTEREST	MORGAN STAN MTG CNO 1987 C 6Z 09.000%JUL20 18			$10.84
04/21	FUND DELIVERY	ML RETIREMENT RESERVES	11		
04/21	PURCHASE	ML RETIREMENT RESERVES	11		-$11.00
04/24		*Closing Balance*			$0.48

Current Portfolio

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accru Inter
EQUITIES							
AMERN FREIGHTWAYS CORP	AFWY	550	12.437	$6,840			
**CRACKER B OLD C STRE	CBRL	345	36.375	$12,549	.05	$6	
1ST TENN NATL CORP	FTEN	400	33.875	$13,550	1.94	$263	

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 4	03/28/98 TO 04/24/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

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Current Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES							
GENEVA STEEL CO CL A	GNV	1650	3.187	$5,258			
GREYHOUND LINES INC COM	BUS	2000	5.062	$10,124			
ICC TECHNOLOGIES INC NEW	ICCN	540	4.750	$2,565			
REP AUTOMOTIVE PARTS	RAUT	200	19.750	$3,950			
**SOUTHWEST AIRLNS CO	LUV	487	27.875	$13,575	.14	$19	
**SUN MICROSYSTEMS INC COM	SUNW	360	40.687	$14,647			
WILSON BANK HOLDING CO		577	UNAVAILABLE				
WILSON BANK HOLDING CO	N/N	538	UNAVAILABLE				
**WORLDCOM INC GA	WCOM	200	43.812	$8,762			
WILSON BANK&TRUST INC $2 TENNESSEE	N/N	26	UNAVAILABLE				
WT12 98COMM FINCL CP USD	CFCIW	750	4.062	$3,046			
SUBTOTAL				$94,866		$288	
MUTUAL FUNDS & UNIT INVEST TRUSTS							
ML PACIFIC FUND CL B		514	17.260	$8,871			
EATON VANCE PRIME RATE RESERVE SBI		1.0020	9.990	$10	6.74	$1	
SUBTOTAL				$8,881		$1	
CORPORATE & GOVT SECURITIES							
MORGAN STAN MTG CMO 1987 G 6Z 09.000%JUL20 18 ACCRETED VALUE 481		2000	103.812	$500	8.66	$43	

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch,

Statement of

Merrill Lynch

IRA

1-16

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	4 OF 4	03/28/98 TO 04/24/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estim. Accr Inte
TOTALS FOR PRICED INVESTMENTS				$104,247.00		$332	
CASH				$0.48			

MONEY ACCOUNT POSITIONS Description	Opening Balance As of 03/28	Dividends/Interest This Statement	Closing Balance As of 04/24	Current Yield %	Dividends/Inte Year to D
RETIREMENT RESERVES	$204.57	$1.06	$289.63	5.20	$4.
Priced Portfolio			$104,537.11		

To determine the Market Value of your amortizing securities, multiply the amortized value by the current month-end price divided by 100.
Monthly principal payments and principal prepayments will cause a security's estimated annual income to decline.

Year-End Plan Value as of 12/31/97: ***$125,782.63***

651

DUPLICATE 1

END OF IRA STATEMENT

April 1998

Statement of Retirement Acco

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

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Merrill Lynch

IRA (5)

Summary Page

May 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 4	04/25/98 TO 05/29/98

Your Financial Consultant
[redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

HLPF& S CUST FBO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

Account Summary

		Amount
MONEY ACCOUNTS		$291.03
CASH		$0.54
PRICED INVESTMENTS		$102,663.00
PRICED PORTFOLIO - AS OF	05/29/98	$102,954.57
- AS OF	04/24/98	$104,537.11

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$0.06	$167.1
MONEY ACCOUNT INCOME	$1.40	$5.6
TOTAL	$1.46	$172.8

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
04/25		Opening Balance			$0.48
		WOMEN BUSINESS OWNERS: CONTACT YOUR FC FOR INFORMATION ABOUT THE BROADCAST TELECONFERENCE ON 6/23.			

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch

Statement of

652

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 4	04/25/98 TO 05/29/98

ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
05/01	* DIVIDEND	EATON VNCE PRM R RSV SBI			$0.06
05/29		*Closing Balance*			$0.54

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estim Accr Inte
EQUITIES								
	AMERN FREIGHTWAYS CORP	AFWY	550	11.437	$6,290			
	**CRACKER B OLD C STRE	CBRL	345	32.250	$11,126	.06	$7	
	1ST TENN NATL CORP	FTEN	400	31.750	$12,700	2.07	$263	
	GENEVA STEEL CO CL A	GNV	1650	3.437	$5,671			
	GREYHOUND LINES INC COM	BUS	2000	6.250	$12,500			
	ICC TECHNOLOGIES INC NEW	ICCN	540	4.625	$2,497			
	REP AUTOMOTIVE PARTS	RAUT	200	20.250	$4,050			
	**SOUTHWEST AIRLNS CO	LUV	487	26.687	$12,996	.14	$18	
	**SUN MICROSYSTEMS INC COM	SUNW	360	40.062	$14,422			
	WILSON BANK HOLDING CO		577	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	538	UNAVAILABLE				
	**WORLDCOM INC GA	WCOM	200	45.500	$9,100			
	WILSON BANK&TRUST INC $2 TENNESSEE	N/N	26	UNAVAILABLE				
	WT12 98COMM FINCL GP USD	CFGIW	750	3.437	$2,577			

CONTINUED ON NEXT PAGE

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Statement of

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1-19

Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 4	04/25/98 TO 05/29/98

ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
EQUITIES								
	SUBTOTAL				$93,929		$288	
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	HL PACIFIC FUND CL B		514	15.990	$8,218			
	EATON VANCE PRIME RATE RESERVE SBI		1.0020	9.990	$10	6.99	$1	
	SUBTOTAL				$8,228		$1	
CORPORATE & GOVT SECURITIES								
	MORGAN STAN MTG CHO 1987 G 6Z 09.000%JUL20 18 ACCRETED VALUE 481		2000	105.062	$506	8.56	$43	
	TOTALS FOR PRICED INVESTMENTS				$102,663.00		$332	
	CASH				$0.54			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 04/25	Dividends/Interest This Statement	Closing Balance As of 05/29	Current Yield %	Dividends/Inter Year to Da
	RETIREMENT RESERVES CL I	$289.63	$1.40	$291.03	5.19	$5.(
	Priced Portfolio			$102,934.57		

To determine the Market Value of your amortizing securities, multiply the amortized value by the current month-end price divided by 100.
Monthly principal payments and principal prepayments will cause a security's estimated annual income to decline.

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch

Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	4 OF 4	04/25/98 TO 05/29/98

ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

Year-End Plan Value as of 12/31/97: ***$125,782.83***

655

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END OF IRA STATEMENT

May 1998

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch

Statement of

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER: SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

(6)

ACCOUNT # F/CB PAGE # SOCIAL SEC. #
[redacted] 1

STATEMENT PERIOD
05-30-96 TO 06-26-96

EIN NUMBER
00-0000000

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

MLPFS & CUST FBO
ROBERT H CLEMENT IRA
FBO ROBERT H CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN 37219

VALUED IRA STATEMENT

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 05-29-96. . . .	$108,933.34	THIS STATEMENT.....	$6.68CR
AS OF 05-29-96. . . .	$102,964.57	THIS YEAR	$175.48CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1997	TAX YEAR 1996
ROLLOVER DEPOSITS	.00	$24.55
IRA CONTRIBUTIONS	$2,000.00	$.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	APRIL	MAY	JUNE	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$1.06	$1.40	$.89	5.18

***** DAILY ACCOUNT ACTIVITY *****

B/S DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
05 30	OPENING BALANCE			$.54CR
06 01	DIVIDEND	EATON VANCE PRM A RSV SBI		$.06CR
06 16	SALE	178 AL RETIREMENT RSRVE CL I		$178.00CR
06 16	RECEIVED	178 AL RETIREMENT RSRVE CL I		
06 16	PURCHASE	170 CENTOCOR INC PRICE 35 5/16		$6195.95
090 06 16	SALE	800 1ST TENN NATL CORP	30 7/8	$6018.04CR
06 26	DIVIDEND	CRACKER B OLD C STRE HOLDING $45.0000		$1.73CR
06 26	CLOSING BALANCE			$2.42CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
980	ARGUN FREIGHTWAYS CORP	10.890	$9437		
170	*CENTOCOR INC	37.687	$6406		
345	*CRACKER B OLD C STRE	33.062	$11406	.05	$7
800	1ST TENN NATL CORP	31.000	$24800	2.12	$131
1000	GRAND VALLEY ST CL A	2.687	$2687		
2000	GRAND VALLEY ST INC COR	5.875	$11750		
540	ICE TECHNOLOGIES INC NEW	5.937	$2935		
800	NEW AUTOMOTIVE PARTS	18.875	$1575		
487	*SOUTHWEST AIRLINS CO	29.062	$14153	.13	$18
360	*SUN MICROSYSTEMS INC COM	43.562	$15682		
577	WILSON BANK HOLDING CO	UNAVAILABLE			
5.98	WILSON BANK HOLDING CO M-M	UNAVAILABLE			
200	*WORLDCOM INC GA	47.187	$9437		
26	WILSON BANK&TRUST INC M-M 82 TENNESSEE	UNAVAILABLE			

JUNE, 1996

FOR INFORMATION IF INVALID, PLEASE NOTE REVERSE SIDE.

PLEASE ADVISE YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES ON YOUR STATEMENT OF IF YOU CONTEMPLATE CHANGING YOUR ADDRESS AND MAILING INSTRUCTIONS. REFERENCE YOUR ACCOUNT. WE WERE UNABLE TO PREPARE THIS STATEMENT FOR USE IN PREPARING INCOME TAX RETURNS. PAGE END REF: PAGE ENDS PRIMARY IN M.A.A. PAGE END: (1-21)

Merrill Lynch

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER: SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

1-21

ACCOUNT # F/CB PAGE # SOCIAL SEC. #
[redacted] 3360 2

MLPFS & CUST FBO
ROBERT H CLEMENT IRA

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
750	WTI2 96COMM FINCL GP LTD	2.375	$1781		
514 1.0000	AL PACIFIC FUND CL B EATON VANCE PRIME RATE RESERVE SBI	15.510 9.990	$7972 $10	6.85	$1
2000	MORGAN STAN ATG CRD 1987 G 62 08.00DNJULED 18 ACCRETED VALUE 481	107.093	$516	8.40	(43)

TOTALS FOR PRICED INVESTMENTS $102417 $800

TO DETERMINE THE MARKET VALUE OF YOUR AMORTIZING SECURITIES, MULTIPLY THE AMORTIZED VALUE BY THE CURRENT MONTH-END PRICE DIVIDED BY 100. MONTHLY PRINCIPAL PAYMENTS AND PRINCIPAL PREPAYMENTS WILL CAUSE A SECURITY'S ESTIMATED ANNUALIZED INCOME TO DECLINE.

MONEY ACCOUNT	OPENING BALANCE AS OF 05-30	CLOSING BALANCE AS OF 06-26	DIVIDENDS/INTEREST THIS STAT.	DIVIDENDS/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$291.03	$113.92	$.89	$6 50

****IMPORTANT TAX REPORTING INFORMATION****

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING DONE ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: SEPTEMBER 23, 1943

SOCIAL SECURITY NUMBER: 408-68-5365

YEAR-END PLAN VALUE AS OF 12-31-97: $185,782.63

ASK YOUR FINANCIAL CONSULTANT HOW THE ROTH IRA CAN HELP YOU BALANCE RETIREMENT- AND ESTATE- PLANNING GOALS.

END OF STATEMENT JUNE, 1996

FOR INFORMATION IF INVALID, PLEASE NOTE REVERSE SIDE.

PLEASE ADVISE YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES ON YOUR STATEMENT OF IF YOU CONTEMPLATE CHANGING YOUR ADDRESS AND MAILING INSTRUCTIONS. REFERENCE YOUR ACCOUNT. PAGE END REF: PAGE ENDS PRIMARY IN M.A.A. PAGE END: (1-21)

Merrill Lynch

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MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/C# [redacted] PAGE # SOCIAL SEC. #
[redacted] 1

PLAN'S & CUST FBO
ROBERT H CLEMENT IRA
FBO ROBERT H CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

STATEMENT PERIOD
06-27-98 TO 07-31-98

EIN NUMBER
00-0000000

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN 37219

1

* VALUED IRA STATEMENT *

***** ACCOUNT SUMMARY *****

		DIVIDEND+INTEREST	
PRICED PORTFOLIO		THIS STATEMENT	
AS OF 07-31-98 . . .	$101,034.08		$82.71CR
AS OF 06-26-98 . . .	$108,533.34	THIS YEAR	$258.19CR

$34.20CR
$236.98CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1997	TAX YEAR 1998
ROLLOVER DEPOSITS	$ .00	$24.55
IRA CONTRIBUTIONS	$2,000.00	$ .00

CURRENT MONTH'S EFFECTIVE YIELD
5.18

***** MONEY ACCOUNT QUARTERLY DIVIDEND+INTEREST RECAP *****

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL 1	$ .84	$ .00	$ .00	5.18

AMOUNT
$ .48CR
$50.00
$15843.72
$15899.94CR
$6.74
$ .00
INTEREST YEAR TO DATE
$236.98

***** DAILY ACCOUNT ACTIVITY *****

B/S DATE	TRANSACTION DESCRIPTION	PRICE	AMOUNT
06 27	OPENING BALANCE		$2.42CR
06 29	EXCHANGE 160 KEYSTONE AUTOPTIV IND INC		
06 29	EXCHANGE -200 NEW AUTOPOTIVE PARTS		
06 29	FUND DELIVERY 2 AL RETIREMENT RSRVS CL 1		
06 29	PURCHASE 2 AL RETIREMENT RSRVS CL 1		$2.00
06 30	DIVIDEND SOUTHWEST AIRLINE CO HOLDING 487.0000		$4.87CR
07 01	DIVIDEND 1ST TENN NATL CORP HOLDING 400.0000		$16.00CR
07 01	DIVIDEND EATON VANCE INST M MSV SB		$ .01CR
07 01	FUND DELIVERY 5 AL RETIREMENT RSRVS CL 1		
07 01	PURCHASE 5 AL RETIREMENT RSRVS CL 1		$5.00
07 02	FUND DELIVERY 16 AL RETIREMENT RSRVS CL 1		
07 02	PURCHASE 16 AL RETIREMENT RSRVS CL 1		$16.00
07 01	DIVIDEND INTEREST PLANAR STAR MTG INV INST 6 SZ ON 0000 JUL 20 98		$10.84CR
07 31	FUND DELIVERY 11 AL RETIREMENT RSRVS CL 1		
07 31	PURCHASE 11 AL RETIREMENT RSRVS CL 1		$11.00
07 31	CLOSING BALANCE		$ 1.92CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION		MARKET PRICE	MARKET VALUE	CURR YIELD	EST INCOME
200	1ST TENN NATL CORP		31.375	$6275	2.10	$132
1650	GENERAL STEEL CO CL A		2.062	$3402		
2000	GREENBAND LINES INC COM		5.500	$11000		
540	ICC TECHNOLOGIES INC NEW		4.062	$2193		
160	KEYSTONE AUTOPTIV IND INC		20.250	$3240		
487	**SOUTHWEST AIRLINE CO		32.937	$16043	.13	$21
360	**SUN MICROSYSTEMS INC COM		47.250	$17010		
577	WILSON BANK HOLDING CO		UNAVAILABLE			
538	WILSON BANK HOLDING CO	N-W	UNAVAILABLE			
200	**WORLDCOM INC COM		52.875	$10575		
26	WILSON BANKSTRUST INC	N-W	UNAVAILABLE			
	SZ TENNESSEE					
750	WYSE SECOM FINCL CP		1.250	$937		
	USD					
514	ZC PACIFIC FUND CL B		[illegible]	$6265		
1.0020	EATON VANCE ARIZ MUNI		[illegible]	$10	[illegible]	$1
	RESERVE 831					
7000	PLANAR STAR MTG CMO 1997		[illegible]	$510	[illegible]	$43
	SZ ON 0000 JUL 20 98					
	ACCRUED VALUE			$81		

TOTALS FOR PRICED INVESTMENTS $100635 $703

TO DETERMINE THE MARKET VALUE OF YOUR AMORTIZING SECURITIES, MULTIPLY THE AMORTIZED VALUE BY THE CURRENT MONTH-END PRICE DIVIDED BY 100.
MONTHLY PRINCIPAL PAYMENTS AND PRINCIPAL PREPAYMENTS WILL CAUSE A SECURITY'S ESTIMATED ANNUALIZED INCOME TO DECLINE

MONEY ACCOUNT	OPENING BALANCE AS OF 06-27	CLOSING BALANCE AS OF 07-31	DIVIDENDS+INTEREST THIS STMT	DIVIDENDS+INTEREST YEAR TO DATE
RETIREMENT RESERVES CL 1	$113.52	$198.84	[illegible]	$7.52

YEAR-END PLAN VALUE AS OF 12-31-97. $125,782.63

A RECENT CHANGE MADE BY CONGRESS MAKES SAVING AND INVESTING WITH IRA [illegible] EASIER THAN EVER. CONTACT YOUR FINANCIAL CONSULTANT FOR DETAILS.

JULY, 1998

Merrill Lynch

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MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

1-22

[redacted] PAGE # SOCIAL SEC. #
2

PLAN'S & CUST FBO
ROBERT H CLEMENT IRA

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION		CURRENT PRICE	MARKET VALUE	CURR YIELD	EST INCOME
200	1ST TENN NATL CORP		31.375	$6275	2.10	$132
1650	GENERAL STEEL CO CL A		2.062	$3402		
2000	GREENBAND LINES INC COM		5.500	$11000		
540	ICC TECHNOLOGIES INC NEW		4.062	$2193		
160	KEYSTONE AUTOPTIV IND INC		20.250	$3240		
487	**SOUTHWEST AIRLINE CO		32.937	$16043	.13	$21
360	**SUN MICROSYSTEMS INC COM		47.250	$17010		
577	WILSON BANK HOLDING CO		UNAVAILABLE			
538	WILSON BANK HOLDING CO	N-W	UNAVAILABLE			
200	**WORLDCOM INC COM		52.875	$10575		
26	WILSON BANKSTRUST INC	N-W	UNAVAILABLE			
	SZ TENNESSEE					
750	WYSE SECOM FINCL CP		1.250	$937		
	USD					
514	ZC PACIFIC FUND CL B		[illegible]	$6265		
1.0020	EATON VANCE ARIZ MUNI		[illegible]	$10	[illegible]	$1
	RESERVE 831					
7000	PLANAR STAR MTG CMO 1997		[illegible]	$510	[illegible]	$43
	SZ ON 0000 JUL 20 98					
	ACCRUED VALUE			$81		

TOTALS FOR PRICED INVESTMENTS $100635 $703

TO DETERMINE THE MARKET VALUE OF YOUR AMORTIZING SECURITIES, MULTIPLY THE AMORTIZED VALUE BY THE CURRENT MONTH-END PRICE DIVIDED BY 100.
MONTHLY PRINCIPAL PAYMENTS AND PRINCIPAL PREPAYMENTS WILL CAUSE A SECURITY'S ESTIMATED ANNUALIZED INCOME TO DECLINE

MONEY ACCOUNT	OPENING BALANCE AS OF 06-27	CLOSING BALANCE AS OF 07-31	DIVIDENDS+INTEREST THIS STMT	DIVIDENDS+INTEREST YEAR TO DATE
RETIREMENT RESERVES CL 1	$113.52	$198.84	[illegible]	$7.52

YEAR-END PLAN VALUE AS OF 12-31-97. $125,782.63

A RECENT CHANGE MADE BY CONGRESS MAKES SAVING AND INVESTING WITH IRA [illegible] EASIER THAN EVER. CONTACT YOUR FINANCIAL CONSULTANT FOR DETAILS.

JULY, 1998

Merrill Lynch

657

Bob's IRA

(8)

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F-CD PAGE # SOCIAL SEC. #
[redacted] 1 [redacted]

MUFFS E CUST FBO
ROBERT M CLEMENT IRA
FBO ROBERT M CLEMENT
6808 TREDMOORE LN
ALEXANDRIA VA 22308-1706

STATEMENT PERIOD
08-01-98 TO 08-28-98

EIN NUMBER
00-0000000

FINANCIAL COMBINING
[redacted]

ACCOUNT
TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN
37219

* VALUED IRA STATEMENT *

ACCOUNT SUMMARY

PRICED PORTFOLIO
AS OF 08-28-98. . . . $21,692.36
AS OF 07-31-98. . . . $100,034.05

DIVIDEND&INTEREST
THIS STATEMENT..... 9.94CR
THIS YEAR $258.03CR

CONTRIBUTION INFORMATION

	THIS YEAR 1997	THIS YEAR 1998
ROLLOVER DEPOSITS	0.00	$24.55
IRA CONTRIBUTIONS	$2,000.00	0.00

MONEY ACCOUNT QUARTERLY DIVIDEND&INTEREST RECAP

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	8.94	8.79	9.00	5.18

DAILY ACCOUNT ACTIVITY

S-B DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
08 01	OPENING BALANCE			8.15CR
08 03	DIVIDEND	EATON VNCE PRM R REV $31		9.06CR
330 08 10	FUNDS RECEIVED	TRANSFER DEPOSIT AS OF 08-07-98		833.25CR
08 11	FUND DELIVERY	33 RL RETIREMENT RSRVS CL I		
08 11	PURCHASE	33 RL RETIREMENT RSRVS CL I		833.00
08 14	RECEIVED	14 WILSON BANK HOLDING CO		
337 08 21	JOURNAL ENTRY	* FINAL FEE $ 50.00		150.00
08 26	STOCK DIVIDEND	243 SOUTHWEST AIRLNS CO HOLDING 487.0000		
08 27	SALE	232 RL RETIREMENT RSRVS CL I FULL LIQUIDATION		1232.14CR
08 27	RECEIVED	232 RL RETIREMENT RSRVS CL I		
045 08 28	JOURNAL ENTRY	CREDIT CASH BALANCE		1182.95
045 08 28	CUST ACCT TRFR	550 AMERN FREIGHTWAYS CORP		
045 08 28	CUST ACCT TRFR	170 CENTECOM INC		
045 08 28	CUST ACCT TRFR	345 CRACKLIN B OLD C STRE		
045 08 28	CUST ACCT TRFR	200 1ST TENN NATL CORP		
045 08 28	CUST ACCT TRFR	1650 GENEVA STEEL CO CL A		
045 08 28	CUST ACCT TRFR	8000 GREYHOUND LINES INC COM		
045 08 28	CUST ACCT TRFR	540 ICC TECHNOLOGIES INC NEW		
045 08 28	CUST ACCT TRFR	160 KEYSTONE AUTOMTV IND INC		
045 08 28	CUST ACCT TRFR	360 SUN MICROSYSTEMS INC COM		
045 08 28	CUST ACCT TRFR	200 WORLDCOM INC GA		
045 08 28	CUST ACCT TRFR	750 WTLZ SAGCOM FINCL GP USD		
045 08 28	CUST ACCT TRFR	2000 MORGAN STAN ATG CPD 1987 G 62 09.000%JUL20 18		

AUGUST, 1998

THE INFORMATION IS TRUSTED. PLEASE DO REPORT TIME.
PLEASE CHECK YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES. WE TRUST
INFORMATION WE HAVE CONTINUED TRADING YOUR ACCOUNT. ... YOUR ACCOUNT ...
MERRILL LYNCH, PIERCE, FENNER & SMITH INC. MEMBER SIPC

Merrill Lynch

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MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER, NEW YORK STOCK EXCHANGE AND SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/CM PAGE # 2 SOCIAL SEC. # [redacted]

PLAN'S CUST FBO
ROBERT H CLEMENT IRA

DAILY ACCOUNT ACTIVITY

M-D DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
04-08 08 29	CUST ACCT TRFR	520 WILSON BANK HOLDING CO		
04-08 08 29	CUST ACCT TRFR	86 WILSON BANKSTRUST INC		
		32 TERMINATED		
04-08 08 29	CUST ACCT TRFR	1 EATON VANCE PRIME RATE RESERVE 831		
08-06 08 29	CASH IN LIEU	SOUTHWEST AIRLINS CO HOLDING 487.0000 FORM 1099-B SUBSTITUTE		$10.17CR
08 29	CLOSING BALANCE			$10.36CR

CURRENT PORTFOLIO

QUANTITY	INVESTMENT DESCRIPTION		CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
730	SOUTHWEST AIRLINS CO		19.500	$14235	.15	$21
-520	WILSON BANK HOLDING CO		UNAVAILABLE			
57	WILSON BANK HOLDING CO	M-D M-M	UNAVAILABLE			
562	WILSON BANK HOLDING CO	M-M	UNAVAILABLE			
514	AL PACIFIC FUND CL B		14.930	$7447		
	EATON VNCE PRM R RSV		12.860			
	.0000 FRACTIONAL QUANTITY					
TOTALS FOR PRICED INVESTMENTS				$21682		$21

MONEY ACCOUNT	OPENING BALANCE AS OF 08-01	CLOSING BALANCE AS OF 08-29	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$188.06	$.00	$.79	$9.30

YEAR-END PLAN VALUE AS OF 12/31/97, $125,792.63

ADD YOUR FC HOW FM PVA CAN REDUCE TAXES AND BETTER CONTROL HEALTHCARE COSTS FOR SELF-EMPLOYED PEOPLE AND SMALL BUSINESS OWNERS.

1-25

Merrill Lynch

IRA (4)

Summary Page — **September 1998**

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 3	08/29/98 TO 09/25/98

Your Financial Consultant: [redacted]

Office Serving Your Account: 150 4TH AVE NO/SUITE 1700, NASHVILLE TN 37219

EIN Number:

FAO HLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$5.48
PRICED INVESTMENTS		$7,319.00
PRICED PORTFOLIO - AS OF	09/25/98	$7,324.48
- AS OF	08/28/98	$21,692.36

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$5.53	$256.26
MONEY ACCOUNT INCOME	$0.00	$8.30
TOTAL	$5.53	$264.56

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
8/29		***Opening Balance***			$10.36

DON'T MISS OUT ON NEW INVESTMENT OPPORTUNITIES FROM MERCURY ASSET MANAGEMENT. CALL (800) 995-6526, EXT. 232 FOR A FREE BROCHURE.

CONTINUED ON NEXT PAGE

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch, Pierce, Fenner & Smith Inc. Member Securities Investor Protection Corporation (SIPC)

Statement of Retirement Plan Activity

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 3	08/29/98 TO 09/25/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity/Continued

Date	Transaction	Description	Quantity	Price	Amount
09/01	* DIVIDEND	EATON VNCE PRM R RSV SBI			$0.05
09/11	JOURNAL ENTRY	CREDIT CASH BALANCE			-$10.41
09/11	CUST ACCT TRFR	SOUTHWEST AIRLNS CO	243		
09/11	CUST ACCT TRFR	WILSON BANK HOLDING CO	591		
09/22	DELIVERED	SOUTHWEST AIRLNS CO	487		
09/23	* DIVIDEND	SOUTHWEST AIRLNS CO HOLDING 730.0000			$5.48
09/25		***Closing Balance***			$5.48

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimat Accru Inter
EQUITIES								
	WILSON BANK HOLDING CO		-552	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		514	14.240	$7,319			
	EATON VNCE PRM R RSV			12.100	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$7,319			

CONTINUED ON NEXT PAGE

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Statement of

Merrill Lynch

IRA

1-27

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 3	08/29/98 TO 09/25/98

FAO HLPF& S CUST FPO
ROBERT H CLEMENT IRA

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estimated Accrued Interest
	TOTALS FOR PRICED INVESTMENTS				$7,319.00			
	CASH				$5.46			

ONEY ACCOUNT OSITIONS	Description	Opening Balance As of 08/29	Dividends/Interest This Statement	Closing Balance As of 09/25	Current Yield %	Dividends/Interest Year to Date
	RETIREMENT RESERVES CL I	$0.00	$0.00	$0.00	5.18	$8.30
	Priced Portfolio			$7,324.46		

Year-End Plan Value as of 12/31/97: ***$125,782.63***

DUPLICATE 1

END OF IRA STATEMENT

September 1998

ease advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your dress. When making inquiries, please, mention your account number and address all correspondence to the office servicing ur account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch,

Statement of Retirement Accounts

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PLICATE MERRILL LYNCH STATEMENT. STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD

IRA

Summary Page — October 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 3	09/26/98 TO 10/30/98

Your Financial Consultant: [redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number:

MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$8,182.00
PRICED PORTFOLIO - AS OF	10/30/98	$8,182.00
- AS OF	09/25/98	$7,324.48

Income Summary

	This Statement	Year to
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$25
MONEY ACCOUNT INCOME	$0.00	$1
TOTAL	$0.00	$26

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
9/26		Opening Balance			$5.48

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IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 3	09/26/98 TO 10/30/98

ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

)aily Account Activity/Continued

)ate	Transaction	Description	Quantity	Price	Amount
0/08	JOURNAL ENTRY	WILSON BANK HOLDING CO AS OF 09/11/98 ACATS REVERSAL BKR WILL NOT ACCEPT REST SEC'S	591		
0/16	JOURNAL ENTRY	CREDIT CASH BALANCE			-$5.48
0/30		**Closing Balance**			$0.00

:urrent Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
QUITIES								
	WILSON BANK HOLDING CO		.39	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
IUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		514	15.920	$8,182			
	EATON VNCE PRM R RSV			12.190	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$8,182			

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1-30

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 3	09/26/98 TO 10/30/98

ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inter
	TOTALS FOR PRICED INVESTMENTS				$8,182.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 09/26	Dividends/Interest This Statement	Closing Balance As of 10/30	Current Yield %	Dividends/Intere Year to D
	RETIREMENT RESERVES CL I	$0.00	$0.00	$0.00	5.00	$8.
	Priced Portfolio			$8,182.00		

Year-End Plan Value as of 12/31/97: $125,782.63

END OF IRA STATEMENT

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Merrill Lynch

IRA (11)

Summary Page

November 1998

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 2	10/31/98 TO 11/27/98

Your Financial Consultant
[redacted]

Office Serving Your Account
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

EIN Number.

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$8,784.00
PRICED PORTFOLIO - AS OF	11/27/98	$8,784.00
- AS OF	10/30/98	$8,182.00

Income Summary

	This Statement	Year to Date
PORTFOLIO DIVIDENDS/INTEREST	$0.00	$256.26
MONEY ACCOUNT INCOME	$0.00	$8.30
TOTAL	$0.00	$264.56

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

MEETING A LIFETIME OF FINANCIAL GOALS WITH A ROTH IRA. SEE ARTICLE IN NEWSLETTER FOR DETAILS AND REQUIREMENTS.

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 2	10/31/98 TO 11/27/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estim Acc Int
EQUITIES								
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		514	17.090	$8,784			
	EATON VNCE PRM R RSV			12.230	$0			
	.0020 FRACTIONAL QUANTITY							
	SUBTOTAL				$8,784			
	TOTALS FOR PRICED INVESTMENTS				$8,784.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 10/31	Dividends/Interest This Statement	Closing Balance As of 11/27	Current Yield %	Dividends/Int Year to
	RETIREMENT RESERVES CL I	$0.00	$0.00	$0.00	4.91	$8
	Priced Portfolio			$8,784.00		

Year-End Plan Value as of 12/31/97: *$125,782.63*

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DUPLICATE 1

END OF IRA STATEMENT

November 19

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Statement of

Merrill Lynch

IRA (12)

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Summary Page — **December 1998**

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	1 OF 3	11/28/98 TO 12/31/98

Your Financial Consultant: [redacted]

Office Serving Your Account: 150 4TH AVE NO/SUITE 1700, NASHVILLE TN 37219

EIN Number:

FAO HLPF& S CUST FPO
ROBERT N CLEMENT IRA
FBO ROBERT N CLEMENT
ATTN CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

Account Summary

		Amount
MONEY ACCOUNTS		$0.00
CASH		$0.00
PRICED INVESTMENTS		$8,884.00
PRICED PORTFOLIO - AS OF	12/31/98	$8,884.00
- AS OF	11/27/98	$8,784.00

Income Summary

	This Statement	Year to Dat
PORTFOLIO DIVIDENDS/INTEREST	$279.29	$535.5
MONEY ACCOUNT INCOME	$0.00	$8.3
TOTAL	$279.29	$543.8

Retirement Plan Activity

Description		Tax Year 1997	Tax Year 1998
CONTRIBUTIONS :	IRA CONTRIBUTIONS	$2,000.00	$0.00
	ROLLOVER DEPOSITS	$0.00	$24.55

CUSTODIAL FEES FOR ROTH OR EDUCATION IRAS OPENED IN THE FIRST QUARTER OF 1998 WILL BE COLLECTED IN FEBRUARY 1999.

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	2 OF 3	11/28/98 TO 12/31/98

FAO MLPF&S CUST FPO
ROBERT N CLEMENT IRA

Daily Account Activity

Date	Transaction	Description	Quantity	Price	Amount
12/22	FUNDS RECEIVED	BOB CLEMENT-IYVH-SYSTEM SAYS ACCT CLOSED			$2,000.00
12/29	* DIVIDEND	ML PACIFIC FUND CL B			$279.29
12/29	REINVESTMENT	ML PACIFIC FUND CL B			-$279.29
12/29	DIVD REINV	ML PACIFIC FUND CL B AGENT REINV AMOUNT $279.29 REINV PRICE $16.69 QUANTITY BOT 16.7340	16		
12/31	JOURNAL ENTRY	CREDIT CASH BALANCE			-$2,000.00
12/31		***Closing Balance***			$0.00

Current Portfolio

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accru Inter
EQUITIES								
	WILSON BANK HOLDING CO		39	UNAVAILABLE				
	WILSON BANK HOLDING CO	N/N	552	UNAVAILABLE				
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	ML PACIFIC FUND CL B		530.7340	16.740	$8,884			
	EATON VNCE PRM R RSV			12.240	$0			
	.0020 FRACTIONAL QUANTITY							

CONTINUED ON NEXT PAGE

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Statement of

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Merrill Lynch

IRA

Account No.	Account Type	Taxpayer No.	Page	Statement Period
[redacted]	IRA	[redacted]	3 OF 3	11/28/98 TO 12/31/98

FAO MLPF& S CUST FPO
ROBERT N CLEMENT IRA

Current Portfolio/Continued

	Investment Description	Equity Symbol	Quantity	Estimated Current Price	Estimated Market Value	Estimated Current Yield %	Estimated Annual Income	Estima Accr Inte
MUTUAL FUNDS & UNIT INVEST TRUSTS								
	SUBTOTAL				$8,884			
	TOTALS FOR PRICED INVESTMENTS				$8,884.00			

MONEY ACCOUNT POSITIONS	Description	Opening Balance As of 11/28	Dividends/Interest This Statement	Closing Balance As of 12/31	Current Yield %	Dividends/Inter Year to D
	RETIREMENT RESERVES CL I	$0.00	$0.00	$0.00	4.87	$8.
	Priced Portfolio			$8,884.00		

In calculating mandatory distributions, or for the purpose of completing IRS Form 8606, you must use the value of your account as of 12/31/98. This value should include your Priced Portfolio total and the value of certain limited partnerships and other direct investments, as well as any securities that we are unable to price - marked "Unavailable". The "Year-End Plan Value" below consists of your Priced Portfolio total plus the estimated value of limited partnerships or other direct investments reported on your year-end statement.

Year-End Plan Value as of 12/31/98: $8,884.00

For IRA, IRRA and SEP/IRA accounts, the Year-End Plan Value represents the valuation we must furnish to you and the Internal Revenue Service as part of the IRS Form 5498 reporting requirements.

DUPLICATE 1 END OF IRA STATEMENT December 199

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquires, please, mention your account number and address all correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms. Merrill Lynch.

Statement of

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Schedule 2-1

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 12/31/1998 $503.00

*** ROBERT N CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT: [redacted]

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-LINK

Monthly Portfolio Summary

Asset	11/27/98 Value	%	12/31/98 Value	%
Cash/Money Funds			2,502	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value			2,502	
Short Market Value				
Estimated Accrued Interest				
Debit Balance			(1,999)	
Net Portfolio Value			503	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	2.23	2.23
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	2.23	2.23

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 502 Investor Credit Line

NEWS

Check out our Global Research Team's top stock picks for 1999. Detailed information about these recommendations and instructions on how to order your free copy of "1999 - The Year Ahead Summary" are in this month's newsletter.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9181.43	9116.55	7908.25
Three-Month Treasury Bills	4.45%	4.48%	5.34
Long-Term Treasury Bonds	5.09%	5.07%	5.92

19377 PLEASESEEREVERSESIDE

 Statement Period 11/28/98 TO 12/31/98 Account No. [redacted] 023010

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Da
Opening Balance Cash & Money Funds			Sales Income	2.23	2.23	Purchases Withdrawals		
			Funds Received	2,500.00	2,500.00	Other	2,000.00	2,000
Net Credits & Debits	502.23	502.23	Other					
Closing Balance Cash & Money Funds	502.23		Total Credits	2,502.23	2,502.23	Total Debits	2,000.00	2,000

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
2,502	CMA MONEY FUND		1.00	2,502	1.00	2,502			116	4.64
	Total Cash/Money Funds			2,502		2,502			116	4.64
	Total of Long Portfolio			2,502		2,502			116	4.64

22078 _ PLEASESEEREVERSESIDE

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
12/31	Share Dividend	2	CMA MONEY FUND			
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31			.23
	Income Total		CMA MONEY FUND SHARE DIVIDEND			2.00
			Net Total			2.23
			Funds Received			
12/22	Funds Received		PERSONAL CHK			2,500.00
			Net Total			2,500.00
			Other Activity			
12/31	Journal Entry		MONEY TRANSFER ROTH CONTRIBUTION VS 57644D87 UNIT 385 BATCH # = 174335370l4		2,000.00	
			Net Total		2,000.00	

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

ROBERT N CLEMENT

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/27	**Opening Balance**					.00	
12/22	Funds Received		PERSONAL CHK		2,500.00CR	2,500.00CR	
12/24	Purchase	2,500	CMA MONEY FUND		2,500.00	.00	2,500
12/31	Journal Entry		MONEY TRANSFER ROTH CONTRIBUTION VS 576440087 UNIT 385 BATCH # = 17433537814		2,000.00		
12/31	Share Dividend	2	CMA MONEY FUND				
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31		.23CR		
12/31	**Closing Balance**				1,999.77	1,999.77	2,502

Customer Service

For information about your account, please call 1-800-MER-LINK (1-800-637-5465). To report Lost or Stolen Visa Cards or Checks, please call 1-800-262-5878. When requested, enter your Access Code 92-576-39243.

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Schedule 3 - 1

ACCOUNT # F/C#	PAGE #	SOCIAL SEC #
[redacted]	1	[redacted]

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

STATEMENT PERIOD 01/01/99 TO 03/26/99

EIN NUMBER 00-0000000

FINANCIAL CONSULTANT [redacted]

ACCOUNT TYPE IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 03/26/99. . . .	$3,793.07	THIS STATEMENT.....	$18.82CR
AS OF 12/31/98. . . .	$2,000.00	THIS YEAR	$18.82CR

***** CONTRIBUTION INFORMATION *****

	TAX YEAR 1998	TAX YEAR 1999
IRA CONTRIBUTIONS	$.00	$2,000.00
INCLUDED IN THE ABOVE: IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE	$.00	$2,000.00

IRA CONTRIBUTIONS YOU WISH TO RECORD AS NON-DEDUCTIBLE (LIFE-TO-DATE): $2,000.00

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JANUARY	FEBRUARY	MARCH	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$6.26	$7.26	$5.30	4.60

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 01	OPENING BALANCE			$2000.00CR
01 05	FUND DELIVERY	2000 ML RETIREMENT RSRVS CL I		
01 05	PURCHASE	2000 ML RETIREMENT RSRVS CL I		$2000.00
03 22	SALE	2018 ML RETIREMENT RSRVS CL I		$2018.00CR
03 22	RECEIVED	2018 ML RETIREMENT RSRVS CL I		
03 22	PURCHASE	80 MONSANTO CO	48 1/4	$3915.75
03 24	FUNDS RECEIVED	1999 NONDEDUCT CONTRIB		$2000.00CR
03 25	FUND DELIVERY	102 ML RETIREMENT RSRVS CL I		
03 25	PURCHASE	102 ML RETIREMENT RSRVS CL I		$102.00
03 26	CLOSING BALANCE			$.25CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
80	**MONSANTO CO	46.125	$3690	.26	$10
TOTALS FOR PRICED INVESTMENTS			$3690		$10

MONEY ACCOUNT	OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 03/26	DIVIDENDS/INTEREST THIS STMT.	DIVIDENDS/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$.00	$102.82	$18.82	$18.82

YEAR-END PLAN VALUE AS OF 12/31/98:

IRA END OF STATEMENT MARCH, 1999

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

[redacted]

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account

3-2

ACCOUNT #	F/C#	PAGE #	SOCIAL SEC. #
[redacted]	[redacted]	1	[redacted]

STATEMENT PERIOD	EIN NUMBER
01/01/98 TO 03/27/98	00-0000000

FINANCIAL CONSULTANT	ACCOUNT TYPE
[redacted]	IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 03/27/98. . . .	$13,568.96	THIS STATEMENT.....	$7.53CR
AS OF 12/31/97. . . .	$11,779.43	THIS YEAR	$7.53CR

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JANUARY	FEBRUARY	MARCH	CURRENT MONTH'S EFFECTIVE YIELD
ML RETIREMENT RESERVES	$.01	$.01	$.01	5.22

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
01 01	OPENING BALANCE			$.96CR
03 19	*DIVIDEND	HOME DEPOT INC HOLDING 150.0000		$7.50CR
03 20	FUND DELIVERY	8 ML RETIREMENT RESERVES		
03 20	PURCHASE	8 ML RETIREMENT RESERVES		$8.00
03 27	CLOSING BALANCE			$.46CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
200	AMERN FREIGHTWAYS CORP	10.937	$2187		
150	**HOME DEPOT INC	66.250	$9937	.30	$30
550	ICC TECHNOLOGIES INC NEW	2.593	$1426		
TOTALS FOR PRICED INVESTMENTS			$13550		$30

MONEY ACCOUNT	OPENING BALANCE AS OF 01/01	CLOSING BALANCE AS OF 03/27	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
ML RETIREMENT RESERVES	$10.47	$18.50	$.03	$.03

YEAR-END PLAN VALUE AS OF 12/31/97: $11,779.43

MERRILL LYNCH IS SPONSORING NATIONAL SAVING MONTH(SM). FOR INFORMATION ON OUR CHILDREN'S CONTEST, CALL (800) 637-7455, EXT. 3473.

-000001617 END OF STATEMENT MARCH, 1998

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address of correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

Merrill Lynch

3-3

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER: SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/C# [redacted] PAGE # 1 SOCIAL SEC. # [redacted]

STATEMENT PERIOD
03-28-98 TO 04-24-98

EIN NUMBER
00-0000000

MLPF& S CUST FBO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

FINANCIAL CONSULTANT [redacted]

ACCOUNT TYPE
IRA

NO STATEMENT PRODUCED

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN 37219

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO
AS OF 04-24-98. . . . $15,411.00
AS OF 03-27-98. . . . $13,568.96

DIVIDEND-INTEREST
THIS STATEMENT..... $.04CR
THIS YEAR $7.57CR

***** MONEY ACCOUNT QUARTERLY DIVIDEND-INTEREST RECAP *****

MONEY ACCOUNT	APRIL	MAY	JUNE	CURRENT MONTH'S EFFECTIVE YIELD
ML RETIREMENT RESERVES	$.04	$.00	$.00	5.20

***** DAILY ACCOUNT ACTIVITY *****

B-S DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 28	OPENING BALANCE			$.46CR
04 24	CLOSING BALANCE			$.46CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
200	AMERN FREIGHTWAYS CORP	12.437	$2487		
150	**HOME DEPOT INC	68.625	$10293	.29	$30
550	ICC TECHNOLOGIES INC NEW	4.750	$2612		
TOTALS FOR PRICED INVESTMENTS			$15392		$30

MONEY ACCOUNT	OPENING BALANCE AS OF 03-28	CLOSING BALANCE AS OF 04-24	DIVIDEND-INTEREST THIS STMT.	DIVIDEND-INTEREST YEAR TO DATE
ML RETIREMENT RESERVES	$18.50	$18.54	$.04	$.07

YEAR-END PLAN VALUE AS OF 12-31-97. $11,779.43

WOMEN BUSINESS OWNERS, SEE WWW.PLAN.ML.COM-EVENTS FOR ONLINE SEMINAR 5-12 AND YOUR FC FOR BROADCAST TELECONFERENCE ON 6-23.

END OF STATEMENT APRIL, 1998

FOR INFORMATION ON INVEST MORE BY MERRILL LYNCH

PLEASE SPECIFY FROM: FUNDS(FN), STOCKS(ST), MONEY(MY), OPTIONS OF ANY DIRECTION(OP) TO YOUR FC. IF YOU HAVE ANY QUESTIONS ABOUT YOUR ACCOUNT, PLEASE CONTACT YOUR FC. IF YOU DO NOT RECEIVE YOUR SECURITIES OR MONEY WITHIN 30 DAYS, YOU MAY WISH TO CONTACT YOUR FC. IN THE OFFICE SERVING YOUR ACCOUNT. IF YOU WISH TO PRESERVE THIS STATEMENT FOR USE IN PREPARING INCOME TAX RETURNS, KEEP THIS PAGE. FOR LEGAL PRIVACY IN U.S.A. KEEP THIS PAGE.

Merrill Lynch

ML2

3-4

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER, SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/C#	PAGE #	SOCIAL SEC. #
[redacted]	1	[redacted]

STATEMENT PERIOD
03-28-98 TO 05-29-98

EIM NUMBER
00-0000000

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FBO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
21 BELCARO CIR
NASHVILLE TN 37215-6110

NO STATEMENT PRODUCED

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO
AS OF 05-29-98. . . . $16,633.05
AS OF 04-24-98. . . . $15,411.00

DIVIDEND/INTEREST
THIS STATEMENT..... $.09CR
THIS YEAR $7.62CR

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	APRIL	MAY	JUNE	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.04	$.05	$.00	5.19

***** DAILY ACCOUNT ACTIVITY *****

B/S DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 28	OPENING BALANCE			$.46CR
05 29	CLOSING BALANCE			$.46CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
200	AMERM FREIGHTWAYS CORP	11.437	$2287		
150	HOMEDE DEPOT INC	78.562	$11784	.30	$35
550	ICC TECHNOLOGIES INC NEW	4.625	$2543		
TOTALS FOR PRICED INVESTMENTS			$16614		$35

MONEY ACCOUNT	OPENING BALANCE AS OF 03/28	CLOSING BALANCE AS OF 05/29	DIVIDENDS/INTEREST THIS STMT.	DIVIDENDS/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$10.50	$10.59	$.09	$.12

YEAR-END PLAN VALUE AS OF 12/31/97: $11,779.43

WOMEN BUSINESS OWNERS: CONTACT YOUR FC FOR INFORMATION ABOUT THE BROADCAST TELECONFERENCE ON 6/23.

END OF STATEMENT

MAY, 1998

FOR EXPLANATION OF SYMBOLS, PLEASE SEE REVERSE SIDE.

THERE ARE SEVERAL IMPORTANT DISCLOSURES REGARDING YOUR ACCOUNT. PLEASE REVIEW THE "IMPORTANT INFORMATION" SECTION OF YOUR MONTHLY STATEMENT.

Merrill Lynch

CASH 3023 REV. 7-94 (MCS) PRINTED IN U.S.A. CASH 3023 (1-91)

3-5

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER: SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/CB [redacted] PAGE # 1 SOCIAL SEC. # [redacted]

STATEMENT PERIOD
03/26/96 TO 06/25/96

EIN NUMBER
00-0000000

ALAFA S CUST FBO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
21 BELCHAO CIR
MARYVILLE TN 37215-6110

FINANCIAL CONSULTANT [redacted]

ACCOUNT
TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN
37219

ACCOUNT SUMMARY

PRICED PORTFOLIO
AS OF 06/25/96. . . . $17,808.09
AS OF 03/27/96. . . . $13,564.96

DIVIDEND-INTEREST
THIS STATEMENT..... $9.13CR
THIS YEAR $16.66CR

MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP

MONEY ACCOUNT	APRIL	MAY	JUNE	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.04	$.05	$.04	5.10

DAILY ACCOUNT ACTIVITY

8/9 DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
03 29	OPENING BALANCE			$.46CR
06 25	DIVIDEND	HOME DEPOT INC WHLSHME 150.0000		$9.00CR
06 25	FUND DELIVERY	9 RL RETIREMENT RSRVS CL I		
06 25	PURCHASE	9 RL RETIREMENT RSRVS CL I		$9.00
06 25	CLOSING BALANCE			$.46CR

CURRENT PORTFOLIO

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET CURR. VALUE	YIELD	EST. INCOME
200	AMERN FREIGHTWAYS CORP	10.250	$2050		
150	HOME DEPT INC	84.327	$12640	.28	$36
500	ICC TECHNOLOGIES INC NEW	5.437	$2590		
TOTALS FOR PRICED INVESTMENTS			$17280		$36

MONEY ACCOUNT	OPENING BALANCE AS OF 03/29	CLOSING BALANCE AS OF 06/25	DIVIDEND/INTEREST THIS STMT.	DIVIDEND/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$18.90	$27.63	$.13	$.16

IMPORTANT TAX REPORTING INFORMATION

YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER ARE VITAL PIECES OF INFORMATION REQUIRED TO ENSURE THAT THE GOVERNMENT REPORTING BOND ON YOUR ACCOUNT IS ACCURATE. PLEASE VERIFY THE INFORMATION BELOW AND CONTACT YOUR FINANCIAL CONSULTANT IF ANY CHANGE IS NECESSARY. THANK YOU.

DATE OF BIRTH: JUNE 25, 1944

SOCIAL SECURITY NUMBER: 415-72-5158

YEAR-END PLAN VALUE AS OF 12/31/97: $11,775.43

END OF STATEMENT JUNE, 1996

THE CORPORATION OF FINANCE, PLEASE SEE REVERSE SIDE.

PLEASE ADVISE YOUR FINANCIAL CONSULTANT IMMEDIATELY OF ANY DISCREPANCIES ON THIS STATEMENT. IF THE CONSULTANT DOESNOT HAVE THIS NUMBER, DIAL 800-637-7455 IMMEDIATELY. [illegible]

Merrill Lynch

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MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER: SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/C# [redacted] PAGE # 1 SOCIAL SEC. # [redacted]

STATEMENT PERIOD
06-27-98 TO 07-31-98

EIN NUMBER
00-0000000

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF&S CUST FBO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
21 BELCHAO CIR
NASHVILLE TN 37215-6110

NO STATEMENT PRODUCED

***** ACCOUNT SUMMARY *****

		DIVIDEND/INTEREST	
PRICED PORTFOLIO	$16,624.14	THIS STATEMENT.....	$.05CR
AS OF 07-31-98. . . .	$17,808.09	THIS YEAR	$16.71CR
AS OF 06-26-98. . . .			

***** MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP *****

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.05	$.00	$.00	5.18

***** DAILY ACCOUNT ACTIVITY *****

B/B DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
06 27	OPENING BALANCE			$.46CR
07 09	STOCK DIVIDEND	150 HOME DEPOT INC HOLDING 150.0000		
07 31	CLOSING BALANCE			$.46CR

***** CURRENT PORTFOLIO *****

QUANTITY	INVESTMENT DESCRIPTION	CURRENT PRICE	MARKET VALUE	CURR. YIELD	EST. INCOME
200	AMERN FREIGHWAYS CORP	9.000	$1800		
300	**HOME DEPOT INC	41.875	$12562	.28	$35
550	ICC TECHNOLOGIES INC NEW	4.062	$2234		
			$16596		$35

TOTALS FOR PRICED INVESTMENTS

MONEY ACCOUNT	OPENING BALANCE AS OF 06-27	CLOSING BALANCE AS OF 07-31	DIVIDEND/INTEREST THIS STAT.	DIVIDEND/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$27.63	$27.68	$.05	$.21

YEAR-END PLAN VALUE AS OF 12-31-97: $11,779.43

A RECENT CHANGE MADE BY CONGRESS MAKES SAVING AND INVESTING WITH A ROTH IRA EASIER THAN EVER. CONTACT YOUR FC FOR DETAILS.

END OF STATEMENT JULY, 1998

FOR CONSULTATION OF INVOICES, PLEASE SEE REVERSE SIDE.

PLEASE REPORT THE FINANCIAL CONSULTANT, OFFICE LOCATION AND ACCOUNT NUMBER ON YOUR STATEMENT AS IT THE CONTACT, OFFICE LOCATION AND ACCOUNT NUMBER ARE ESSENTIAL TO THE OFFICE SERVICING YOUR ACCOUNT. WE ADVISE YOU TO PRESERVE THIS STATEMENT FOR USE IN PREPARING INCOME TAX RETURNS.

CHECK THIS BOX IF YOU PREFER LOCAL CHARGES TO B.O.A.

FORM 3303 (2-91)

Merrill Lynch

41398.....K 18

3-7

MARY'S IRA

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MONEY, SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F/CM [redacted] PAGE # 1 SOCIAL SEC. # [redacted]

STATEMENT PERIOD
06/27/98 TO 08/28/98

EIN NUMBER
00-0000000

MARY S CLEMENT IRA
FBO MARY C CLEMENT
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN 37219

NO STATEMENT PRODUCED

ACCOUNT SUMMARY

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 08/28/98. . . .	$.01	THIS STATEMENT.	$.09CR
AS OF 07/31/98. . . .	$16,624.14	THIS YEAR	$14.75CR

MONEY ACCOUNT QUARTERLY DIVIDEND/INTEREST RECAP

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.05	$.04	$.00	5.10

DAILY ACCOUNT ACTIVITY

B/S DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
06 27	OPENING BALANCE			$.45CR
07 09	STOCK DIVIDEND	150 HOME DEPOT INC HOLDING 150.0000		
387 08 21	JOURNAL ENTRY	* FINAL FEE $ 30.00		$30.00
08 26	SALE	27 RL RETIREMENT RSRVS CL I FULL LIQUIDATION		$27.72CR
08 26	RECEIVED	27 RL RETIREMENT RSRVS CL I		
045 08 27	JOURNAL ENTRY	DEBIT CASH BALANCE		$1.03CR
045 08 27	CUST ACCT TRFR	200 AMERN FREIGHTWAYS CORP		
045 08 27	CUST ACCT TRFR	300 HOME DEPOT INC		
045 08 27	CUST ACCT TRFR	550 ICC TECHNOLOGIES INC NEW		
08 28	CLOSING BALANCE			$.01CR

CURRENT PORTFOLIO

MONEY ACCOUNT	OPENING BALANCE AS OF 06/27	CLOSING BALANCE AS OF 08/28	DIVIDEND/INTEREST THIS STMT.	DIVIDEND/INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$27.63	$.00	$.09	$.25
YEAR-END PLAN VALUE AS OF 12/31/97.		$11,779.43		

ASK YOUR FC NOW AN ASA CAN REDUCE TAXES AND BETTER CONTROL HEALTHCARE COSTS FOR SELF-EMPLOYED PEOPLE AND SMALL BUSINESS OWNERS.

END OF STATEMENT

AUGUST, 1998

THE CORPORATION OF MERRILL LYNCH, PIERCE, FENNER & SMITH INC.

PLEASE CONTACT YOUR FINANCIAL CONSULTANT IMMEDIATELY IF ANY DISCREPANCIES ON YOUR STATEMENT OR IF YOU QUESTION ANY SECURITY YOUR MONEY, MARGIN, OR SHORT SALE PROCEEDS.

[illegible]

Merrill Lynch

3-8

MERRILL LYNCH
PIERCE, FENNER & SMITH INC.
MEMBER, SECURITIES INVESTOR PROTECTION CORPORATION (SIPC)

STATEMENT OF
RETIREMENT ACCOUNT

ACCOUNT # F[redacted] PAGE # SOCIAL SEC. #
[redacted] 1 [redacted]

STATEMENT PERIOD 06-27-98 TO 09-25-98
EIN NUMBER 00-0000000

ALAFA S CUST FBO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO-SUITE 1700
NASHVILLE TN 37219

ACCOUNT SUMMARY

PRICED PORTFOLIO
AS OF 09-25-98. . . . $1,026.69CR
AS OF 06-26-98. . . . $1,081.56CR

$.00
$17,808.09

DIVIDEND-INTEREST
THIS STATEMENT..... $.09CR
THIS YEAR $16.75CR

MONEY ACCOUNT QUARTERLY DIVIDEND-INTEREST RECAP

MONEY ACCOUNT	JULY	AUGUST	SEPTEMBER	CURRENT MONTH'S EFFECTIVE YIELD
RETIREMENT RESERVES CL I	$.05	$.04	$.00	5.18

DAILY ACCOUNT ACTIVITY

AMOUNT	B-S DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
	06 27	OPENING BALANCE			$.46CR
$50.00CR $50.00	07 09	STOCK DIVIDEND	150 HOME DEPOT INC HOLDING 150.0000		
	397 08 21	JOURNAL ENTRY	* FINAL FEE $ 30.00		$30.00
	08 26	SALE	27 RL RETIREMENT RSRVS CL I FULL LIQUIDATION		$27.72CR
$12.24CR $12.24	08 26	RECEIVED	27 RL RETIREMENT RSRVS CL I		
	045 08 27	JOURNAL ENTRY	DEBIT CASH BALANCE		$1.03CR
	045 08 27	CUST ACCT TRFR	200 AMERN FREIGHTWAYS CORP		
	045 08 27	CUST ACCT TRFR	300 HOME DEPOT INC		
	045 08 27	CUST ACCT TRFR	550 ICC TECHNOLOGIES INC NEW		
	045 09 10	JOURNAL ENTRY	CREDIT CASH BALANCE		$.01
$9.73CR $9.73	09 25	CLOSING BALANCE			$.00

CURRENT PORTFOLIO

MONEY ACCOUNT	OPENING BALANCE AS OF 06-27	CLOSING BALANCE AS OF 09-25	DIVIDENDS-INTEREST THIS STMT.	DIVIDENDS-INTEREST YEAR TO DATE
RETIREMENT RESERVES CL I	$27.63	$.00	$.09	$.25

$26.51CR
$26.51
$263.81CR
$263.81
$208.07CR
$208.07

YEAR-END PLAN VALUE AS OF 12-31-97: $11,779.43

DON'T MISS OUT ON NEW INVESTMENT OPPORTUNITIES IN THE MERCURY ASSET [illegible] CALL [illegible] FOR A FREE BROCHURE.

END OF STATEMENT

SEPTEMBER, 1998

SEPTEMBER, 1998

Merrill Lynch

Merrill Lynch

Merrill Lynch
Pierce, Fenner & Smith Inc.
Member, Securities Investor Protection Corporation (SIPC)

Statement of Retirement Account 3-9

ACCOUNT #	F/C#	PAGE #	SOCIAL SEC. #
[redacted]	3517	1	[redacted]

STATEMENT PERIOD	EIN NUMBER
09/26/98 TO 12/31/98	00-0000000

FINANCIAL CONSULTANT	ACCOUNT TYPE
[redacted]	IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FAO MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
ATTN; CAROLYN WAUGH
2229 RAYBURN BLDG
WASHINGTON DC 20515-0005

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/98. . . .	$.00	THIS STATEMENT.....	$.00
AS OF 09/25/98. . . .	$.00	THIS YEAR	$16.75CF

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1997	TAX YEAR 1998
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1997	TAX YEAR 1998
$.00	$.00

MONEY ACCOUNT	OPENING BALANCE AS OF 09/26	CLOSING BALANCE AS OF 12/31	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$.00	$.00	$.00	$.25

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606 YOU MUST USE THE VALUE OF YOUR ACCOUNT AS OF 12/31/98. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO TOTAL AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS, AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED "UNAVAILABLE". THE "YEAR-END PLAN VALUE" BELOW CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/31/98:

FOR IRA, IRRA AND SEP/IRA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

CUSTODIAL FEES FOR ROTH OR EDUCATION IRAS OPENED IN THE FIRST QUARTER OF 1998 WILL BE COLLECTED IN FEBRUARY 1999.

DUPLICATE -000007751 END OF STATEMENT DECEMBER, 1998

Please advise your Financial Consultant immediately of any discrepancies on your statement or if you contemplate changing your address. When making inquiries, please, mention your account number and address of correspondence to the office servicing your account. Please retain this statement for your tax records. See reverse side for explanation of key terms.

CODE 5029R (R2-96)

Merrill Lynch

ACCOUNT #	F/C#	PAGE #	SOCIAL SEC. #
[redacted]	3517	1	[redacted]

STATEMENT PERIOD
09/26/98 TO 12/31/98

EIN NUMBER
00-0000000

FINANCIAL CONSULTANT
[redacted]

ACCOUNT TYPE
IRA

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
6202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

3-17

***** ACCOUNT SUMMARY *****

PRICED PORTFOLIO		DIVIDEND/INTEREST	
AS OF 12/31/98. . . .	$.00	THIS STATEMENT.....	$.00
AS OF 09/25/98. . . .	$.00	THIS YEAR	$16.75CR

***** CONTRIBUTION INFORMATION *****

TAX YEAR 1997	TAX YEAR 1998
$.00	$.00

***** DISTRIBUTION INFORMATION *****

TAX YEAR 1997	TAX YEAR 1998
$.00	$.00

MONEY ACCOUNT	OPENING BALANCE AS OF 09/26	CLOSING BALANCE AS OF 12/31	DIVIDENDS/INTEREST THIS STMT.	YEAR TO DATE
RETIREMENT RESERVES CL I	$.00	$.00	$.00	$.25

IN CALCULATING MANDATORY DISTRIBUTIONS, OR FOR THE PURPOSE OF COMPLETING IRS FORM 8606, YOU MUST USE THE VALUE OF YOUR ACCOUNT AS OF 12/31/98. THIS VALUE SHOULD INCLUDE YOUR PRICED PORTFOLIO TOTAL AND THE VALUE OF CERTAIN LIMITED PARTNERSHIPS AND OTHER DIRECT INVESTMENTS, AS WELL AS ANY SECURITIES THAT WE ARE UNABLE TO PRICE - MARKED "UNAVAILABLE". THE "YEAR-END PLAN VALUE" BELOW CONSISTS OF YOUR PRICED PORTFOLIO TOTAL PLUS THE ESTIMATED VALUE OF LIMITED PARTNERSHIPS OR OTHER DIRECT INVESTMENTS REPORTED ON YOUR YEAR-END STATEMENT.

YEAR-END PLAN VALUE AS OF 12/31/98:

FOR IRA, IRRA AND SEP/IRA ACCOUNTS, THE YEAR-END PLAN VALUE REPRESENTS THE VALUATION WE MUST FURNISH TO YOU AND THE INTERNAL REVENUE SERVICE AS PART OF THE IRS FORM 5498 REPORTING REQUIREMENTS.

CUSTODIAL FEES FOR ROTH OR EDUCATION IRAS OPENED IN THE FIRST QUARTER OF 1998 WILL BE COLLECTED IN FEBRUARY 1999.

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

ACCOUNT #	F/C #	PAGE #	TELEPHONE #
[redacted]	[redacted]	1	[redacted]

STATEMENT PERIOD 11/28/98 TO 12/31/98

SS OR ID [redacted]

FINANCIAL CONSULTANT [redacted]

INVESTOR CREDIT LINE

OFFICE SERVING YOUR ACCOUNT
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

TYPE CASH

MLPF& S CUST FPO
MARY C CLEMENT IRA
FBO MARY C CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

3-11

***** ACCOUNT SUMMARY *****

OPENING BALANCE	CLOSING BALANCE	INVESTMENTS	MONEY ACCOUNTS	PRICED PORTFOLIO
$.00	$2000.00CR	$0	$.00	$2,000.00

***** DAILY ACCOUNT ACTIVITY *****

DATE	TRANSACTION	DESCRIPTION	PRICE	AMOUNT
12 31	JOURNAL ENTRY	MONEY TRANSFER ROTH CONTRIBUTION		$2000.00CR
12 31	CLOSING BALANCE			$2000.00CR

SEE THE ENCLOSED NEWSLETTER FOR IMPORTANT NEWS ON TIMING OF INDIVIDUAL INVESTOR ACCOUNT(SM) SERVICE-FEE ASSESSMENTS.

Delaware END OF STATEMENT DECEMBER 1998

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

Schedule 4-1

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 12/31/1998 $20,017.00

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

YOUR FINANCIAL CONSULTANT:
[redacted]

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

Monthly Portfolio Summary

Asset	11/27/98 Value	%	12/31/98 Value	%
Cash/Money Funds			20,017	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value			20,017	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value			20,017	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	17.74	17.74
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	17.74	17.74

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 20,017 Investor Credit Line

NEWS

Check out our Global Research Team's top stock picks for 1999. Detailed information about these recommendations and instructions on how to order your free copy of "1999 - The Year Ahead Summary" are in this month's newsletter.

Financial Market Indicators

	This Statement	Last Statement	Previou Year-En
Dow Jones Industrial Average	9181.43	9116.55	7908.2
Three-Month Treasury Bills	4.45%	4.48%	5.1
Long-Term Treasury Bonds	5.09%	5.07%	5.2

Schedule 4-2

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds			Sales			Purchases		
			Income	17.74	17.74	Withdrawals		
			Funds Received	20,000.00	20,000.00	Other		
Net Credits & Debits	20,017.74	20,017.74						
Closing Balance Cash & Money Funds	20,017.74		Total Credits	20,017.74	20,017.74	Total Debits		

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
20,017	CMA MONEY FUND		1.00	20,017	1.00	20,017			928	4.64
	Total Cash/Money Funds			20,017		20,017			928	4.64
	Total of Long Portfolio			20,017		20,017			928	4.64

73286 PLEASE SEE REVERSE SIDE

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

MARY ELIZABETH CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
12/31	Share Dividend	17	CMA MONEY FUND			
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31			.74
	Income Total		CMA MONEY FUND SHARE DIVIDEND			17.00
			Net Total			17.74
			Funds Received			
12/22	Funds Received		PERSONAL CHK			20,000.00
			Net Total			20,000.00

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/27	**Opening Balance**					.00	
12/22	Funds Received		PERSONAL CHK		20,000.00CR	20,000.00CR	
12/24	Purchase	20,000	CMA MONEY FUND		20,000.00	.00	20,000
12/31	Share Dividend	17	CMA MONEY FUND				
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31		.74CR		
12/31	**Closing Balance**				.74CR	.74CR	20,017

ACCOUNT #	F/C #	SS# OR TAX ID	PAGE #
[redacted]	[redacted]	[redacted]	1 OF 2

MARY ELIZABETH CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

1998 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
300 DAVIDSON AVE
SOMERSET, NEW JERSEY 08873

CASH MANAGEMENT ACCOUNT
FOR SERVICE CALL:
1-800-CMA-TAXS
1-800-262-8297

FEDERAL IDENTIFYING NUMBER
[redacted]

1099-DIV — 1998 DIVIDENDS AND DISTRIBUTIONS — OMB NO. 1545-0110

		AMOUNT
1	ORDINARY DIVIDENDS	$17.74
2a	TOTAL CAPITAL GAIN DISTRIBUTIONS	$0.00
2b	28% RATE GAIN	$0.00
2c	UNRECAP. SEC. 1250 GAIN	$0.00
2d	SECTION 1202 GAIN	$0.00
3	NON-TAXABLE DISTRIBUTIONS	$0.00
4	FEDERAL INCOME TAX WITHHELD	$0.00
5	INVESTMENT EXPENSES	$0.00
6	FOREIGN TAX PAID	$0.00
7	FOREIGN COUNTRY OR U.S. POSSESSION	
8	LIQUIDATION DISTRIBUTIONS - CASH	$0.00
9	LIQUIDATION DISTRIBUTIONS - NON-CASH (FAIR MARKET VALUE)	$0.00

FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE BOOKLET ENTITLED "A GUIDE TO YOUR 1998 TAX REPORTING STATEMENT".

1099-INT — 1998 INTEREST INCOME — OMB NO. 1545-0112

		AMOUNT
1	INTEREST INCOME NOT INCLUDED IN LINE 3	$0.00
2	EARLY WITHDRAWAL PENALTY	$0.00
3	INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS	$0.00
4	FEDERAL INCOME TAX WITHHELD	$0.00
5	FOREIGN TAX PAID	$0.00
6	FOREIGN COUNTRY OR U.S. POSSESSION	

YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3.

	INVESTMENT EXPENSES INCLUDED IN LINE 1	$0.00

SUMMARY OF 1998 ORIGINAL ISSUE DISCOUNT ITEMS

		AMOUNT	
1	TOTAL ORIGINAL ISSUE DISCOUNT (FOR 1998)	$0.00	*

* AMOUNTS OF ORIGINAL ISSUE DISCOUNT ARE INDIVIDUALLY REPORTED BY SECURITY TO THE IRS. REFER TO THE OID DETAIL SECTION OF THIS STATEMENT.

SUMMARY OF 1998 PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

		AMOUNT	
2	GROSS PROCEEDS LESS COMMISSIONS	$0.00	*
4	FEDERAL INCOME TAX WITHHELD	$0.00	

* GROSS PROCEEDS FROM EACH OF YOUR 1998 SECURITIES TRADES ARE INDIVIDUALLY REPORTED TO THE IRS. REFER TO THE GROSS PROCEEDS DETAIL SECTION OF THIS STATEMENT.

TAX

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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ACCOUNT #	F/C #	SS# OR TAX ID	PAGE #	
[redacted]			2 OF 2	MARY ELIZABETH CLEMENT C/F ROBERT N CLEMENT UTMA/VA

TRANSACTION SUMMARY

1998 DIVIDENDS AND DISTRIBUTIONS

SECURITY DESCRIPTION	QUANTITY	TRANS DATE	TRANSACTION DESCRIPTION	AMOUNT	AMOUNT WITHHELD
DIVIDENDS					
CMA MONEY FUND		DEC	DIVIDEND	$17.74	
TOTAL ORDINARY DIVIDENDS (LINE 1 1099-DIV)				$17.74	
INVESTMENT EXPENSES (LINE 5 1099-DIV)				$0.00	
TOTAL FOREIGN TAX PAID (LINE 6 1099-DIV)					$0.00
TOTAL FEDERAL INCOME TAX WITHHELD (LINE 4 1099-DIV)					$0.00

TAX END STATEMENT 1099 FORMS FOR TAX YEAR 1998

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

4-5

Schedule 5-1

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

TOTAL ACCOUNT VALUE AS OF 12/31/1998 $20,017.00

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
6202 TREEBROOKE LN
ALEXANDRIA VA 22306-1706

YOUR FINANCIAL CONSULTANT: [redacted]

Your Merrill Lynch Office:
150 4TH AVE NO/SUITE 1700
NASHVILLE TN 37219

FOR CUSTOMER SERVICE QUESTIONS: 1-800-MER-WCMA (1-800-637-9262)

Monthly Portfolio Summary

Asset	11/27/98 Value	%	12/31/98 Value	%
Cash/Money Funds			20,017	100
CD's/Equivalents				
Government Securities				
Corporate Bonds				
Municipal Bonds				
Equities				
Mutual Funds				
Options				
Other				
Long Market Value			20,017	
Short Market Value				
Estimated Accrued Interest				
Debit Balance				
Net Portfolio Value			20,017	

Income Summary

	This Statement	Year-to-Date
Money Fund Dividends	17.74	17.74
Tax-Exempt CMA Funds		
Tax-Exempt Interest		
Reportable Interest		
Reportable Dividends		
Income Not Reported		
Total	17.74	17.74

Items for Attention

Security	Message	Date
	No Items For Attention	

Purchasing Power 20,017 Investor Credit Line

NEWS

Check out our Global Research Team's top stock picks for 1999. Detailed information about these recommendations and instructions on how to order your free copy of "1999 - The Year Ahead Summary" are in this month's newsletter.

Financial Market Indicators

	This Statement	Last Statement	Previous Year-End
Dow Jones Industrial Average	9181.43	9116.55	7908.25
Three-Month Treasury Bills	4.45%	4.48%	5.34
Long-Term Treasury Bonds	5.09%	5.07%	5.92

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MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Cash Flow Summary

Activity Summary	This Statement	Year-to-Date	Credits	This Statement	Year-to-Date	Debits	This Statement	Year-to-Date
Opening Balance Cash & Money Funds			Sales			Purchases		
			Income	17.74	17.74	Withdrawals		
			Funds Received	20,000.00	20,000.00	Other		
			Other					
Net Credits & Debits	20,017.74	20,017.74						
Closing Balance Cash & Money Funds	20,017.74		Total Credits	20,017.74	20,017.74	Total Debits		

Current Portfolio

Quantity	Security Description	Date Acquired	Unit Cost Basis	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain or (Loss)	Estimated Accrued Interest	Estimated Annual Income	Current Yield %
	Cash and Money Funds									
20,017	CMA MONEY FUND		1.00	20,017	1.00	20,017			928	4.64
	Total Cash/Money Funds			20,017		20,017			928	4.64
	Total of Long Portfolio			20,017		20,017			928	4.64

MERRILL LYNCH CMA® ACCOUNT

MASTER FINANCIAL SERVICE

RACHEL C CLEMENT C/F

Monthly Activity

Date	Transaction	Quantity	Description	Price	Debit	Credit
			Dividends and Interest			
12/31	Share Dividend	17	CMA MONEY FUND			
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31			.74
	Income Total		CMA MONEY FUND SHARE DIVIDEND			17.00
			Net Total			17.74
			Funds Received			
12/22	Funds Received		PERSONAL CHK			20,000.00
			Net Total			20,000.00

Daily Activity Review

Date	Transaction	Quantity	Description	Price	Amount	Cash Balance	Share Balance
11/27	**Opening Balance**					.00	
12/22	Funds Received		PERSONAL CHK		20,000.00CR	20,000.00CR	
12/24	Purchase	20,000	CMA MONEY FUND		20,000.00	.00	20,000
12/31	Share Dividend	17	CMA MONEY FUND				
12/31	Cash Dividend		CMA MONEY FUND FROM 12-25 THRU 12-31		.74CR		
12/31	**Closing Balance**				.74CR	.74CR	20,017

ACCOUNT #	F/C #	SS# OR TAX ID	PAGE #
[redacted]	[redacted]	[redacted]	1 OF 2

RACHEL C CLEMENT C/F
ROBERT N CLEMENT UTMA/VA
UNTIL AGE 21
8202 TREEBROOKE LN
ALEXANDRIA VA 22308-1706

1998 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
300 DAVIDSON AVE
SOMERSET, NEW JERSEY 08873

CASH MANAGEMENT ACCOUNT
FOR SERVICE CALL:
1-800-CMA-TAXS
1-800-262-8297

FEDERAL IDENTIFYING NUMBER
[redacted]

1099-DIV 1998 DIVIDENDS AND DISTRIBUTIONS OMB NO. 1545-0110

		AMOUNT
1	ORDINARY DIVIDENDS	$17.74
2a	TOTAL CAPITAL GAIN DISTRIBUTIONS	$0.00
2b	28% RATE GAIN	$0.00
2c	UNRECAP. SEC. 1250 GAIN	$0.00
2d	SECTION 1202 GAIN	$0.00
3	NON-TAXABLE DISTRIBUTIONS	$0.00
4	FEDERAL INCOME TAX WITHHELD	$0.00
5	INVESTMENT EXPENSES	$0.00
6	FOREIGN TAX PAID	$0.00
7	FOREIGN COUNTRY OR U.S. POSSESSION	
8	LIQUIDATION DISTRIBUTIONS - CASH	$0.00
9	LIQUIDATION DISTRIBUTIONS - NON-CASH (FAIR MARKET VALUE)	$0.00

FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE BOOKLET ENTITLED "A GUIDE TO YOUR 1998 TAX REPORTING STATEMENT".

1099-INT 1998 INTEREST INCOME OMB NO. 1545-0112

		AMOUNT
1	INTEREST INCOME NOT INCLUDED IN LINE 3	$0.00
2	EARLY WITHDRAWAL PENALTY	$0.00
3	INTEREST ON U.S. SAVINGS BONDS AND TREASURY OBLIGATIONS	$0.00
4	FEDERAL INCOME TAX WITHHELD	$0.00
5	FOREIGN TAX PAID	$0.00
6	FOREIGN COUNTRY OR U.S. POSSESSION	
	YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3.	
	INVESTMENT EXPENSES INCLUDED IN LINE 1	$0.00

SUMMARY OF 1998 ORIGINAL ISSUE DISCOUNT ITEMS

		AMOUNT
1	TOTAL ORIGINAL ISSUE DISCOUNT (FOR 1998)	$0.00 *

* AMOUNTS OF ORIGINAL ISSUE DISCOUNT ARE INDIVIDUALLY REPORTED BY SECURITY TO THE IRS. REFER TO THE OID DETAIL SECTION OF THIS STATEMENT.

SUMMARY OF 1998 PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

		AMOUNT
2	GROSS PROCEEDS LESS COMMISSIONS	$0.00 *
4	FEDERAL INCOME TAX WITHHELD	$0.00

* GROSS PROCEEDS FROM EACH OF YOUR 1998 SECURITIES TRADES ARE INDIVIDUALLY REPORTED TO THE IRS. REFER TO THE GROSS PROCEEDS DETAIL SECTION OF THIS STATEMENT.

TAX

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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ACCOUNT #	F/C #	SS# OR TAX ID	PAGE #	RACHEL C CLEMENT C/F ROBERT N CLEMENT UTMA/VA
[redacted]	[redacted]	[redacted]	2 OF 2	

TRANSACTION SUMMARY

1998 DIVIDENDS AND DISTRIBUTIONS

SECURITY DESCRIPTION	QUANTITY	TRANS DATE	TRANSACTION DESCRIPTION	AMOUNT	AMOUNT WITHHELD
DIVIDENDS					
CMA MONEY FUND		DEC	DIVIDEND	$17.74	
TOTAL ORDINARY DIVIDENDS (LINE 1 1099-DIV)				$17.74	
INVESTMENT EXPENSES (LINE 5 1099-DIV)				$0.00	
TOTAL FOREIGN TAX PAID (LINE 6 1099-DIV)					$0.00
TOTAL FEDERAL INCOME TAX WITHHELD (LINE 4 1099-DIV)					$0.00

TAX END STATEMENT 1099 FORMS FOR TAX YEAR 1998

DUPLICATE MERRILL LYNCH STATEMENT.
STATEMENT RECEIVED BY MAIL IS YOUR OFFICIAL RECORD.

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IC Bradford & Co. STATEMENT

FROM JANUARY 1, 1998 TO MARCH 31, 1998
PAGE 1 OF 1
Schedule B

ACCOUNT NUMBER
[redacted]

TAXPAYER ID NUMBER
[redacted]

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
[redacted]
P.O. BOX 607
MURFREESBORO TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

*VALUE OF YOUR ACCOUNT AS OF MARCH 31, 1998**

	PREVIOUS	CURRENT
MONEY MARKET FUNDS	347.52	432.45
TOTAL CASH AND FUNDS	$347.52	$432.45
PRICED SECURITIES TOTAL	11,677.00	13,972.00
TOTAL VALUE	*$12,024.52*	*$14,404.45*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$84.93	$84.93

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$347.52

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$84.93	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$432.45

SECURITIES IN YOUR ACCOUNT AS OF MARCH 31, 1998

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
- - SECURITIES IN CASH ACCOUNT - -					

Member SIPC

FOR THE MONTH ENDED MARCH 31, 1998

ROBERT WALLACE [illegible]

[illegible]

SECURITIES IN YOUR ACCOUNT AS OF MARCH 31, 1998

DESCRIPTION	QUANTITY	MARKET PRICE	MARKET VALUE	ESTIMATED ANNUAL INCOME
AMERICAN GENERAL CORP	[illegible]	[illegible]	[illegible]	$324
TOTAL VALUE OF PRICED SECURITIES			[illegible]	$324

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM [illegible] PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME MARKET [illegible] PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES. [illegible] ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
3-02	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.375	81.00
1-23	DIVIDEND	BRADFORD MONEY FUND YIELD 4.99% THRU 01/22/98		1.07
2-20	DIVIDEND	BRADFORD MONEY FUND YIELD 4.94% THRU 02/19/98		1.36
3-20	DIVIDEND	BRADFORD MONEY FUND YIELD 4.90% THRU 03/19/98		1.50

TOTAL.....CREDITS $84.93 .....DEBITS $.00 ..... $84.93

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
1-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	347.52
1-23	BOUGHT	1.07	MONTHLY DIVIDEND REINVESTED	348.59
2-20	BOUGHT	1.36	MONTHLY DIVIDEND REINVESTED	349.95
3-06	BOUGHT	81.00	FUNDS PURCHASED	430.95
3-20	BOUGHT	1.50	MONTHLY DIVIDEND REINVESTED	432.45
3-31	-CLOSING BALANCE-		---BRADFORD MONEY FUND	432.45

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.
.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.
.....INCOME/CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.
.....AGGRESSIVE INCOME

FROM JANUARY 1, 1998 TO MARCH 31, 1998
PAGE 3 OF 3
ROBERT B. CLEMENT
ACCOUNT NUMBER: [redacted] 6-3

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

	SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.
.....LONG TERM GROWTH:	SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.
.....AGGRESSIVE GROWTH:	SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.
.....TRADING AND SPECULATION:	SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES.
PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION, SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT [redacted]
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

APR 26 '99 16:02 FR J C BRADFORD AND CO 615 890 2638 TO 12022261035 P.02/04
P.01

6-4

Vianne Rottero

FROM APRIL 1, 1998 TO JUNE 30, 1998
PAGE 1 OF 3

ACCOUNT NUMBER
[redacted]

TAXPAYER ID NUMBER
[redacted]

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
[redacted]
MURFREESBORO TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

VALUE OF YOUR ACCOUNT AS OF JUNE 30, 1998*

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	$18.94	$32.45
TOTAL CASH AND FUNDS	$518.94	$432.45
PRICED SECURITIES TOTAL	15,376.39	13,972.00
TOTAL VALUE	$15,895.33	$14,404.45

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$86.49	$171.42

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$432.45

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$86.49	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$518.94

SECURITIES IN YOUR ACCOUNT AS OF JUNE 30, 1998

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME

- - SECURITIES IN CASH ACCOUNT - -

YOUR STATEMENT CONTINUES ON THE NEXT PAGE

FROM APRIL 1, 1998 TO JUNE 30, 1998
PAGE 2 OF 3

ROBERT N CLEMENT

ACCOUNT NUMBER [redacted]

SECURITIES IN YOUR ACCOUNT AS OF JUNE 30, 1998

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
AMERICAN GENERAL CORP	216	571.167	$15,376	1.500	$324
TOTAL VALUE OF PRICED SECURITIES			$15,376.39		$324.

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

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*****************************************************************
*ALL POSITION VALUATION NUMBERS HAVE BEEN TRUNCATED TO THE NEAREST DOLLAR  *
*IN THE SECURITIES IN YOUR ACCOUNT SECTION OF THE STATEMENT. DOLLARS AND   *
*CENTS ARE REPORTED ON PAGE ONE IN THE VALUE OF YOUR ACCOUNT SECTION, AND  *
*AT THE END OF THE SECURITIES IN YOUR ACCOUNT SECTION.                     *
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(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
6-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.375	81.00
4-24	DIVIDEND	BRADFORD MONEY FUND YIELD 4.86% THRU 04/23/98		2.05
5-22	DIVIDEND	BRADFORD MONEY FUND YIELD 4.85% THRU 05/21/98		1.64
6-19	DIVIDEND	BRADFORD MONEY FUND YIELD 4.88% THRU 06/18/98		1.50

TOTAL.....CREDITS 86.49 .....DEBITS $.00 .....$86.49

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
4-01	-OPENING BALANCE-		---BRADFORD MONEY FUND	432.45
4-24	BOUGHT	2.05	MONTHLY DIVIDEND REINVESTED	434.50
5-22	BOUGHT	1.64	MONTHLY DIVIDEND REINVESTED	436.14
6-05	BOUGHT	81.00	FUNDS PURCHASED	517.14
6-19	BOUGHT	1.50	MONTHLY DIVIDEND REINVESTED	518.64
6-30	-CLOSING BALANCE-		---BRADFORD MONEY FUND	518.64

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY:

YOUR STATEMENT CONTINUES ON THE BACK OF THIS PAGE

APR 26 '99 16:02 FR J C BRADFORD AND CO 615 890 2638 TO 12022261035 P.04/04 5-6
P.03

FROM APRIL 1, 1998 TO JUNE 30, 1998
PAGE 3 OF 3

ROBERT W CLEMENT

ACCOUNT NUMBER [redacted]

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

	INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKET RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.
....TAX FREE INCOME:	PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.
..INCOME/CAPITAL PRESERVATION:	SEEKS INCOME WITH MINIMAL RISK.
.....AGGRESSIVE INCOME:	SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.
.....LONG TERM GROWTH:	SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.
....AGGRESSIVE GROWTH:	SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH, BUT WHICH MAY INVOLVE A HIGHER DEGREE OF RISK.
.....TRADING AND SPECULATION:	SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES. PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION, SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT STEVE CRABTREE AT 615-390-9000
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

DEC 18 '98 11:01 FR J C BRADFORD AND CO 615 890 2638 TO 12022261035 P.02/04 6-7

J.C. BRADFORD & CO. *STATEMENT FROM JULY 1, 1998 TO SEPTEMBER 30, 1998*
PAGE 1 OF 3

ACCOUNT NUMBER
[redacted]

TAXPAYER ID NUMBER
[redacted]

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER
[redacted]
P.O. BOX 607
MURFREESBORO TN 37133-0607*703/765-0580*

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

*VALUE OF YOUR ACCOUNT AS OF SEPTEMBER 30, 1998**

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	606.45	518.94
TOTAL CASH AND FUNDS	$606.45	$518.94
PRICED SECURITIES TOTAL	13,797.00	15,376.39
TOTAL VALUE	*$14,403.45*	*$15,895.33*

* DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$87.51	$258.93

ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$518.94

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$87.51	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$606.45

YEAR END PLANNING ALERT! As we approach the end of the year, take time to review strategies (some of which expire each year) that can reduce your family's tax burden. Call your Bradford Broker or contact Bradford Trust Company at 800-522-7037.

DEC 18 '98 11:01 FR J C BRADFORD AND CO 615 890 2638 TO 12022261035 P.03/04 6-8

J.C. BRADFORD & CO. STATEMENT FROM JULY 1, 1998 TO SEPTEMBER 30, 1998

PAGE 2 OF 3

ROBERT N CLEMENT ACCOUNT NUMBER [redacted]

SECURITIES IN YOUR ACCOUNT AS OF SEPTEMBER 30, 1998

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
- - SECURITIES IN CASH ACCOUNT - -					
AMERICAN GENERAL CORP	216	$63.875	$13,797	1.500	$324
TOTAL VALUE OF PRICED SECURITIES			$13,797.00		$324.

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

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*************************************************************************
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*AT THE END OF THE SECURITIES IN YOUR ACCOUNT SECTION.                    *
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(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
9-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.375	81.00
7-24	DIVIDEND	BRADFORD MONEY FUND YIELD 4.88% THRU 07/23/98		2.45
8-21	DIVIDEND	BRADFORD MONEY FUND YIELD 4.88% THRU 08/20/98		1.96
9-18	DIVIDEND	BRADFORD MONEY FUND YIELD 4.87% THRU 09/17/98		2.10

TOTAL.....CREDITS $87.51 .....DEBITS $.00 .....$87.51

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY	DESCRIPTION	BALANCE
7-01	-OPENING BALANCE-	---BRADFORD MONEY FUND	518.94
7-24	BOUGHT 2.45	MONTHLY DIVIDEND REINVESTED	521.39
8-21	BOUGHT 1.96	MONTHLY DIVIDEND REINVESTED	523.35
9-04	BOUGHT 81.00	FUNDS PURCHASED	604.35
9-18	BOUGHT 2.10	MONTHLY DIVIDEND REINVESTED	606.45
9-30	-CLOSING BALANCE-	---BRADFORD MONEY FUND	606.45

DEC 18 '98 11:01 FR J C BRADFORD AND CO 615 890 2638 TO 12022261035 P.04/04 5-9

J.C. BRADFORD & CO.

STATEMENT FROM JULY 1, 1998 TO SEPTEMBER 30, 1998
PAGE 3 OF 3

ROBERT N CLEMENT

ACCOUNT NUMBER [redacted]

YOUR INVESTMENT OBJECTIVES

YOU AND YOUR BROKER HAVE IDENTIFIED INVESTMENT OBJECTIVES FOR YOUR ACCOUNT TO HELP YOU ACHIEVE YOUR FINANCIAL GOALS. THE COMPLETE LIST OF INVESTMENT OBJECTIVES APPEARS BELOW.

.....LIQUIDITY: INVESTMENTS THAT ARE HIGHLY LIQUID OR THAT HAVE MINIMAL MARKE RISK SUCH AS CERTIFICATES OF DEPOSIT AND MONEY MARKET FUNDS.

.....TAX FREE INCOME: PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX DEFERRAL ADVANTAGES.

..INCOME|CAPITAL PRESERVATION: SEEKS INCOME WITH MINIMAL RISK.

.....AGGRESSIVE INCOME: SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFEI HIGHER YIELDS WITH A HIGHER DEGREE OF RISK.

.....LONG TERM GROWTH: SEEKS LONG TERM CAPITAL APPRECIATION VIA QUALITY EQUITY ORIENTED INVESTMENTS.

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.....TRADING AND SPECULATION: SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF SHORT TERM INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK.

AS YOUR NEEDS CHANGE, YOU MAY WANT TO SPEAK TO YOUR BROKER ABOUT REVISING YOUR OBJECTIVES.
PLEASE ADVISE US PROMPTLY OF ANY MATERIAL CHANGE IN YOUR INVESTMENT OBJECTIVES OR FINANCIAL SITUATION, SO THAT WE MAY PROPERLY SERVE YOUR INVESTMENT NEEDS.

PLEASE CONTACT STEVE CRABTREE AT (615)890-9000 OR 1-800-829-4848
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

J.C. Bradford & Co. STATEMENT

FROM OCTOBER 1, 1998 TO DECEMBER 31, 1998

6.10

ACCOUNT NUMBER

TAXPAYER ID NUMBER

ROBERT N CLEMENT
2229 RAYBURN BLDG
WASHINGTON DC 20515-4205

YOUR BRADFORD BROKER

P.O. BOX 607
MURFREESBORO TN 37133-0607

SECURITIES AND CASH HELD BY US IN YOUR ACCOUNT ARE PROTECTED UP TO $2,500,000

*VALUE OF YOUR ACCOUNT AS OF DECEMBER 31,1998**

	CURRENT	PREVIOUS
MONEY MARKET FUNDS	696.02	606.45
TOTAL CASH AND FUNDS	$696.02	$606.45
PRICED SECURITIES TOTAL	16,848.00	13,797.00
TOTAL VALUE	*$17,544.02*	*$14,403.45*

DOES NOT INCLUDE UNSETTLED TRANSACTIONS OR SECURITIES WHOSE PRICE IS AVAILABLE ON REQUEST.

INCOME SUMMARY

	CURRENT PERIOD	YEAR TO DATE
DIVIDENDS	$89.57	$348.50

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*************************************************************************
*          ********IMPORTANT TAX INFORMATION********                   *
* THIS STATEMENT IS NOT A YEAR END REPORT FOR TAX PLANNING              *
* PURPOSES. AS YOU BEGIN PREPARING YOUR 1998 TAX RETURN,                *
* PLEASE BE AWARE THAT YOU WILL BE RECEIVING A FORM 1099                *
* IN THE MONTH AHEAD.                                                   *
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ACTIVITY SUMMARY

PREVIOUS CASH AND MONEY FUND BALANCE.....$606.45

	ADDITIONS	SUBTRACTIONS	REFER TO SECTION
DIVIDEND AND INTEREST ACTIVITY	$89.57	$.00	D

CURRENT CASH AND MONEY FUND BALANCE.....$696.02

**********NASD Notice**********

[illegible] Disclosure Program, NASD Regulation, Inc. provides certain information [illegible] disciplinary history of NASD members [illegible] associated persons. For a [illegible] the Public Disclosure [illegible] information under the [illegible] NASD Regulation, Inc. through their web site www.nasdr.com or [illegible] phone number (1-800-289-9999) [illegible]

SECURITIES IN YOUR ACCOUNT AS OF DECEMBER 31, 1998

DESCRIPTION	QUANTITY	STATEMENT DATE PRICE	VALUE	DIVIDEND OR COUPON	ESTIMATED ANNUAL INCOME
-- SECURITIES IN CASH ACCOUNT --					
AMERICAN GENERAL CORP	216	$78.00	$16,848	1.500	$324
TOTAL VALUE OF PRICED SECURITIES			$16,848.00		$324.

PLEASE NOTE: THE PRICES SHOWN ABOVE HAVE BEEN OBTAINED FROM AN INDEPENDENT PRICING SERVICE. SOME PRICES MAY HAVE BEEN UNAVAILABLE, AND SOME WERE BASED ON ECONOMIC MODELS. SINCE THESE PRICES MAY NOT REPRESENT ACTUAL TRANSACTION PRICES, WE CANNOT GUARANTEE THEIR ACCURACY. PLEASE CONTACT YOUR BRADFORD BROKER FOR A CURRENT QUOTATION.

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(D) DIVIDEND & INTEREST ACTIVITY

DATE	ACTIVITY	DESCRIPTION		AMOUNT
12-01	DIVIDEND	AMERICAN GENERAL CORP CASH DIV ON 216 SHS	.375	81.00
10-23	DIVIDEND	BRADFORD MONEY FUND YIELD 4.80% THRU 10/22/98		2.80
11-20	DIVIDEND	BRADFORD MONEY FUND YIELD 4.66% THRU 11/19/98		2.21
12-18	DIVIDEND	BRADFORD MONEY FUND YIELD 4.55% THRU 12/17/98		2.33
12-31	DIVIDEND	BRADFORD MONEY FUND YIELD 4.51% THRU 12/31/98		1.23

TOTAL .... CREDITS $89.57 ..... DEBITS $.00 .... $89.57

(E) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY	DESCRIPTION	BALANCE
10-01	OPENING BALANCE	---BRADFORD MONEY FUND	606.45

ROBERT N CLEMENT

FROM OCTOBER 1,1998 TO DECEMBER 31,1998
PAGE 3 OF 13
ACCOUNT NUMBER [redacted]

(F) MONEY MARKET FUND ACTIVITY

DATE	ACTIVITY		DESCRIPTION	BALANCE
10-23	BOUGHT	2.80	MONTHLY DIVIDEND REINVESTED	609.25
11-20	BOUGHT	2.21	MONTHLY DIVIDEND REINVESTED	611.46
12-04	BOUGHT	81.00	FUNDS PURCHASED	692.46
12-18	BOUGHT	2.33	MONTHLY DIVIDEND REINVESTED	694.79
12-31	BOUGHT	1.23	MONTHLY DIVIDEND REINVESTED	696.02
12-31	-CLOSING BALANCE-		---BRADFORD MONEY FUND	696.02

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PLEASE CONTACT [redacted]
IF YOU HAVE ANY QUESTIONS CONCERNING THIS STATEMENT.

Schedule 7-1

0980831 0230 04129115
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO ROBERT N CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period August 01, 1998 Thru August 31, 1998

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.3%	182.95	.00
Equities	98.9%	60,169.81	.00
Fixed Income	0.8%	486.45	.00
Mutual Funds	0.0%	10.00	.00
Total Assets		**60,849.21**	**.00**

Your Portfolio contains unpriced securities. Unpriced securities are only presented in the "Positions In Your Account" section of the statement.

RETIREMENT SHOULD BE A TIME WHEN YOU DO WHAT YOU WANT TO DO
ARE YOU ON TRACK TO REALIZE YOUR DREAMS?
YOUR INVESTMENT REPRESENTATIVE CAN HELP WITH
- FINANCIAL PLANNING
- IRA SAVINGS PROGRAMS AND
- INVESTMENT STRATEGIES.
CALL YOUR INVESTMENT REPRESENTATIVE TODAY!

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
08-01-98		*** OPENING BALANCE ***				.00
08-18-98	JOURNALED	ACAT RECEIVES RETIREMENT ACCT 0161/0161	000993386	1		00
08-28-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @1	650914203	182.95	182.95	
08-28-98	JOURNALED	ACAT RECEIVES RETIREMENT ACCT 23005756/0161	000993386	-1		00
08-28-98	INTER BROKER RECEIVE	AMERICAN FREIGHTWAYS CORP ACAT RECEIVE	02629V108	550		00
08-28-98	INTER BROKER RECEIVE	CENTOCOR INC ACAT RECEIVE	152342101	170		00
08-28-98	INTER BROKER RECEIVE	COMMUNITY FINL GRP INC WTS EXP 12/31/98 ACAT RECEIVE	20365M116	750		00
08-28-98	INTER BROKER RECEIVE	CRACKER BARREL OLD COUNTRY STORE ACAT RECEIVE	224100107	345		00
08-28-98	INTER BROKER RECEIVE	EATON VANCE PRIME RATE RESERVES ACAT RECEIVE	277913109	1		00
08-28-98	INTER BROKER RECEIVE	FIRST TENN NATL CORP ACAT RECEIVE	337162101	200		00
08-28-98	INTER BROKER RECEIVE	GENEVA STL CL A ACAT RECEIVE	372252106	1,650		00
08-28-98	INTER BROKER RECEIVE	GREYHOUND LINES INC ACAT RECEIVE	398048108	2,000		00
08-28-98	INTER BROKER RECEIVE	ICC TECHNOLOGIES INC NEW ACAT RECEIVE	449238203	540		00

Statement Period August 01, 1998 Thru August 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

RESULT ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
08-28-98	INTER BROKER RECEIVE	KEYSTONE AUTOMOTIVE INDUSTRIES INC ACAT RECEIVE	49338N109	160		00
08-28-98	INTER BROKER RECEIVE	MORGAN STANLEY MTG CMO SER G CL G-6 9 00% 07/20/2018 TR G ACAT RECEIVE	617905AF1	2,000		00
08-28-98	INTER BROKER RECEIVE	SUN MICROSYSTEMS INC ACAT RECEIVE	866810104	360		00
08-28-98	INTER BROKER RECEIVE	WILSON BK HLDG CO CDT CAP STK ACAT RECEIVE	972028104	538		00
08-28-98	INTER BROKER RECEIVE	WORLDCOM INC ACAT RECEIVE	98155K102	200		00
08-28-98	INTER BROKER CREDIT	ACAT RECEIVE				182 95
08-31-98	INTER BROKER RECEIVE	ACAT RECEIVE PENDING BETTER DESCRIPTION	000993402	26		00
08-31-98		*** CLOSING BALANCE ***				00

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 08/31/98	MARKET VALUE
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.77%	FPRXX 650914203	182 95	1 00	182 95
	CASH/CASH EQUIVALENTS	**0.3 % Of Portfolio**			**182.95**
CASH	ACAT RECEIVE PENDING BETTER DESCRIPTION	000993402	26		Not Available
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	550	7 625	4 193 75
CASH	CENTOCOR INC	CNTO 152342101	170	32 50	5,525 00
CASH	COMMUNITY FINL GRP INC WTS EXP 12/31/98	CFGIW 20365M116	750	875	656 25
CASH	CRACKER BARREL OLD COUNTRY STORE	CBRL 224100107	345	24 438	8 431 11
CASH	FIRST TENN NATL CORP	FTEN 337162101	200	23 813	4,762 60
CASH	GENEVA STL CL A	GNV 372252106	1,650	1 75	2,887 50
CASH	GREYHOUND LINES INC	BUS 398048108	2,000	3 813	7,626 00
CASH	ICC TECHNOLOGIES INC NEW	ICGN 449238203	540	2 25	1,215 00
CASH	KEYSTONE AUTOMOTIVE INDUSTRIES INC	KEYS 49338N109	160	15 125	2,420 00
CASH	SUN MICROSYSTEMS INC	SUNW 866810104	360	39 625	14,265 00
LEGAL	WILSON BK HLDG CO CDT CAP STK	972028104	538*		Not Available
CASH	* Legal papers due WORLDCOM INC	WCOM 98155K102	200	40 938	8,187 60
	EQUITIES	**98.9 % Of Portfolio**			**60,169.81**

7-3

Statement Period August 01, 1998 Thru August 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

[redacted]

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 08/31/98	MARKET VALUE
CASH	MORGAN STANLEY MTG CMO SER G CL G-6 9.00% 07/20/2018 TR G **CUR FACE 481.88**	617905AF1	2,000	100.948	486.45

***** For an explanation of fixed income pricing, please see the back of the statement *****

	FIXED INCOME	**0.8 % Of Portfolio**			**486.45**
CASH	EATON VANCE PRIME RATE RESERVES	EVPRX 277913109	1	10.00	10.00
	MUTUAL FUNDS				**10.00**

END OF STATEMENT

7-4

0980930 0230 042156649
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO ROBERT N CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period September 01, 1998 Thru September 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	1 76	1 76

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.2%	195.11	182.95
Equities	99.2%	82,130.28	60,169.81
Fixed Income	0.6%	484.30	486.45
Mutual Funds	0.0%	10.00	10.00
Total Assets		82,819.69	60,849.21

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	00	00
Closing Net Money Balance	00	00

Your Portfolio contains unpriced securities. Unpriced securities are only presented in the "Positions in Your Account" section of the statement.

SOLUTIONS? YEAH, WE'VE GOT 'EM.
WHETHER IT'S FOR RETIREMENT, EDUCATION FUNDING, AN ESTATE TAX REVIEW OR SOME OTHER CRITICAL NEED, WE CAN HELP PUT THE RIGHT FINANCIAL PLAN IN PLACE FOR YOU. VISIT OR CALL YOUR INVESTMENT REPRESENTATIVE TODAY FOR YOUR PERSONALIZED FINANCIAL PLAN.

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
09-01-98		***** OPENING BALANCE *****				.00
09-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	02	02	
09-01-98	INTER BROKER DELIVER	ACAT RECEIVE PENDING BETTER DESCRIPTION	000993402	-26		00
09-01-98	INTER BROKER RECEIVE	WILSON BK HLDG CO CDT CAP STK	972028104	26		00
09-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			02
09-02-98	REINVESTMENT	EATON VANCE PRIME RATE RESERVES REINVESTED @ $10 00	277913109	001	01	
09-02-98	DIVIDEND RECEIVED	EATON VANCE PRIME RATE RESERVES	277913109			01
09-11-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	10 41	10 41	
09-11-98	INTER BROKER RECEIVE	SOUTHWEST AIRLNS CO NFSC IS SPECIALIST IN THIS SECURITY ACAT RES CREDIT	844741108	243		00
09-11-98	INTER BROKER RECEIVE	WILSON BK HLDG CO CDT CAP STK ACAT RES CREDIT	972028104	591		00
09-11-98	INTER BROKER CREDIT	ACAT RES CREDIT				10 41

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Statement Period September 01, 1998 Thru September 30, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

0980930 0230 042158649 Page 2

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
09-17-98	NAME CHANGED	MCI WORLDCOM INC	55268B106	200		.00
09-17-98	NAME CHANGED	WORLDCOM INC N/C MCI WORLDCOM INC CUSIP #55268B106	98155K102	-200		.00
09-21-98	ADJUSTMENT	WILSON BK HLDG CO CDT CAP STK	972028104	-538		.00
09-21-98	RETIREMENT TRF STOCK	WILSON BK HLDG CO CDT CAP STK	972028104	538		.00
09-22-98	RECEIVED FROM YOU	SOUTHWEST AIRLNS CO NFSC IS SPECIALIST IN THIS SECURITY	844741108	487		.00
09-25-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	1 73	1 73	
09-25-98	DIVIDEND RECEIVED	CRACKER BARREL OLD COUNTRY STORE	224100107			1 73
09-30-98		*** CLOSING BALANCE ***				.00

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 09/30/98	MARKET VALUE
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4 72%	FPRXX 650914203	195 11	1 00	195 11
	CASH/CASH EQUIVALENTS	**0.2 % Of Portfolio**			**195.11**
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	550	7 50	4,125 00
CASH	CENTOCOR INC	CNTO 152342101	170	39 625	6,736 25
CASH	COMMUNITY FINL GRP INC WTS EXP 12/31/98	CFGIW 20365M116	750	50	375 00
CASH	CRACKER BARREL OLD COUNTRY STORE	CBRL 224100107	345	22 75	7,848 75
CASH	FIRST TENN NATL CORP	FTEN 337162101	200	27 313	5,462 60
CASH	GENEVA STL CL A	GNV 372252106	1,650	1 25	2,062.50
CASH	GREYHOUND LINES INC	BUS 398048108	2,000	4.125	8,250 00
CASH	ICC TECHNOLOGIES INC NEW	RRRR 449238203	540	3 00	1,620 00
CASH	KEYSTONE AUTOMOTIVE INDUSTRIES INC	KEYS 49338N109	160	19 75	3,160 00
CASH	MCI WORLDCOM INC	WCOM 55268B106	200	48 875	9,775 00
CASH	SOUTHWEST AIRLNS CO NFSC IS SPECIALIST IN THIS SECURITY	LUV 844741108	730	20 25	14,782 50
CASH	SUN MICROSYSTEMS INC	SUNW 866810104	360	49 813	17,932 68
CASH	WILSON BK HLDG CO CDT CAP STK	972028104	-512		Not Available
LEGAL	WILSON BK HLDG CO CDT CAP STK	972028104	1,667*		Not Available
	* Legal papers due				
	EQUITIES	**99.2 % Of Portfolio**			**82,130.28**

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Statement Period September 01, 1998 Thru September 30, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 09/30/98	MARKET VALUE
CASH	MORGAN STANLEY MTG CMO SER G CL G-6 9.00% 07/20/2018 TR G **CUR FACE 481.88**	617905AF1	2,000	100.503	484.30

*** For an explanation of fixed income pricing, please see the back of the statement ***

	FIXED INCOME	**0.6 % Of Portfolio**			**484.30**
CASH	EATON VANCE PRIME RATE RESERVES	EVPRX 277913109	1.001	9.99	10.00
	MUTUAL FUNDS				**10.00**

END OF STATEMENT

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0981696 3230 042116447
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO ROBERT N CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period October 01, 1998 Thru October 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	33.78	35.54
Corporate Interest	10.84	10.84

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.3%	245.17	195.11
Equities	99.2%	92,508.83	82,130.28
Fixed Income	0.5%	483.79	484.30
Mutual Funds	0.0%	10.04	10.00
Total Assets		**93,247.83**	**82,819.69**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

Retirement account maintenance fee not paid for 1998

Your Portfolio contains unpriced securities. Unpriced securities are only presented in the "Positions in Your Account" section of the statement

EVERYONE'S TALKING ABOUT THE NEW ROTH IRA.
FIND OUT WHAT IT CAN MEAN FOR YOU.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY
TO DISCUSS WHETHER THE ROTH IRA IS APPROPRIATE FOR YOUR NEEDS.

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
10-01-98		***** OPENING BALANCE *****				.0
10-01-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	33	33.00	
10-01-98	REINVESTMENT	EATON VANCE PRIME RATE RESERVES REINVESTED @ $9.99	277913109	.004	.04	
10-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	.74	.74	
10-01-98	DIVIDEND RECEIVED	EATON VANCE PRIME RATE RESERVES	277913109			0-
10-01-98	DIVIDEND RECEIVED	FIRST TENN NATL CORP	337162101			33.0
10-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			.7
10-08-98	ADJUSTMENT	WILSON BK HLDG CO CDT CAP STK ACT REV	972028104	-591		0
10-16-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	5.48	5.48	
10-16-98	INTER BROKER CREDIT	ACAT RES.CREDIT				5.4
10-20-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	10.84	10.84	

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Statement Period October 01, 1998 Thru October 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

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FRANKLIN
FINANCIAL SECURITIES

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CRED AMOUN
10-20-98	INTEREST	MORGAN STANLEY MTG CMO SER G CL G-6 9.00% 07/20/2018 TR G	617905AF1			10
10-31-98		*** CLOSING BALANCE ***				

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POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 10/31/98	MARKE VALU
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.55%	FPRXX 650914203	245.17	1.00	245.1
	CASH/CASH EQUIVALENTS	**0.3 % Of Portfolio**			**245.1**
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	550	8.50	4,675.0
CASH	CENTOCOR INC	CNTO 152342101	170	44.50	7,565.0
CASH	COMMUNITY FINL GRP INC WTS EXP 12/31/98	CFGIW 20365M116	750	.344	258.0
CASH	CRACKER BARREL OLD COUNTRY STORE	CBRL 224100107	345	25.875	8,926.8
CASH	FIRST TENN NATL CORP	FTEN 337162101	200	31.688	6,337.6
CASH	GENEVA STL CL A	GNV 372252106	1,650	.75	1,237.5
CASH	GREYHOUND LINES INC	BUS 398048108	2,000	5.813	11,626.0
CASH	ICC TECHNOLOGIES INC NEW	RRRR 449238203	540	2.688	1,451.5
CASH	KEYSTONE AUTOMOTIVE INDUSTRIES INC	KEYS 49338N109	160	18.688	2,990.0
CASH	MCI WORLDCOM INC	WCOM 55268B106	200	55.25	11,050.0
CASH	SOUTHWEST AIRLNS CO NFSC IS SPECIALIST	LUV 844741108	730	21.125	15,421.2
CASH	SUN MICROSYSTEMS INC	SUNW 866810104	360	58.25	20,970.0
LEGAL	WILSON BK HLDG CO CDT CAP STK	972028104	564*		Not Availabl
	* Legal papers due				
	EQUITIES	**99.2 % Of Portfolio**			**92,508.8**
CASH	MORGAN STANLEY MTG CMO SER G CL G-6 9.00% 07/20/2018 TR G CUR FACE 481.88	617905AF1	2,000	100.396	483.7
	*** For an explanation of fixed income pricing, please see the back of the statement ***				
	FIXED INCOME	**0.5 % Of Portfolio**			**483.7**
CASH	EATON VANCE PRIME RATE RESERVES	EVPRX 277913109	1.005	9.99	10.0
	MUTUAL FUNDS				**10.0**

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7-991130 5230 042297550
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO ROBERT N CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period November 01, 1998 Thru November 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	.96	36.50
Corporate Interest	.00	10.84

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.0%	.00	245.17
Equities	0.0%	.00	92,508.83
Fixed Income	0.0%	.00	483.79
Mutual Funds	0.0%	.00	10.04
Total Assets		.00	93,247.83

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

Retirement account maintenance fee not paid for 1998

Your Portfolio contains unpriced securities. Unpriced securities are only presented in the "Positions in Your Account" section of the statemen

IF YOU'RE MAKING NON-DEDUCTIBLE CONTRIBUTIONS TO A REGULAR IRA,
CONSIDER CONTRIBUTING TO A ROTH IRA INSTEAD.
THE DEADLINE TO CONVERT TO A ROTH IRA AND
SPREAD TAXATION OVER THE NEXT FOUR YEARS IS DECEMBER 31, 1998.
THE TAXES TODAY MAY BE DWARFED BY THE TAX-FREE INCOME TOMORROW.
TAKE ADVANTAGE OF THE TAX-FREE RETIREMENT INCOME POSSIBILITIES OF A ROTH IRA.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY!

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDI AMOUN
11-01-98		*** OPENING BALANCE ***				.0
11-02-98	REINVESTMENT	EATON VANCE PRIME RATE RESERVES REINVESTED @ $9.99	277913109	.004	04	
11-02-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	92	92	
11-02-98	DIVIDEND RECEIVED	EATON VANCE PRIME RATE RESERVES	277913109			.0
11-02-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			9
11-11-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	80		80 0
11-11-98	RETIREMENT FEE CHGD	RETIREMENT MAINT FEE			30 00	
11-11-98	IRA - C/O FEE CHARGED	RETIREMENT CLOSE FEE			50 00	
11-19-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	166 09		166.0

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Statement Period November 01, 1998 Thru November 30, 1998

Customer Name: &CLEMENT
Account Number: [redacted]

[redacted]ATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CRED AMOUN
11-19-98	INTER BROKER DELIVER	AMERICAN FREIGHTWAYS CORP ACAT DELIVER	02629V108	-550		
11-19-98	INTER BROKER DELIVER	CENTOCOR INC ACAT DELIVER	152342101	-170		
11-19-98	INTER BROKER DELIVER	COMMUNITY FINL GRP INC WTS EXP 12/31/98 ACAT DELIVER	20365M116	-750		
11-19-98	INTER BROKER DELIVER	CRACKER BARREL OLD COUNTRY STORE ACAT DELIVER	224100107	-345		
11-19-98	INTER BROKER DELIVER	EATON VANCE PRIME RATE RESERVES ACAT DELIVER	277913103	-1,009		
11-19-98	INTER BROKER DELIVER	FIRST TENN NATL CORP ACAT DELIVER	337162101	-200		
11-19-98	INTER BROKER DELIVER	GENEVA STL CL A ACAT DELIVER	372252106	-1,650		
11-19-98	INTER BROKER DELIVER	GREYHOUND LINES INC ACAT DELIVER	398048108	-2,000		
11-19-98	INTER BROKER DELIVER	ICC TECHNOLOGIES INC NEW ACAT DELIVER	449238203	-540		
11-19-98	INTER BROKER DELIVER	KEYSTONE AUTOMOTIVE INDUSTRIES INC ACAT DELIVER	49338N109	-160		
11-19-98	INTER BROKER DELIVER	MCI WORLDCOM INC ACAT DELIVER	55268B106	-200		
11-19-98	INTER BROKER DELIVER	MORGAN STANLEY MTG CMO SER G CL G-6 9.00% 07/20/2018 TR G ACAT DELIVER	617905AF1	-2,000		
11-19-98	INTER BROKER DELIVER	SOUTHWEST AIRLNS CO ACAT DELIVER NFSC IS SPECIALIST	844741108	-730		
11-19-98	INTER BROKER DELIVER	SUN MICROSYSTEMS INC ACAT DELIVER	866810104	-360		
11-19-98	INTER BROKER DELIVER	WILSON BK HLDG CO CDT CAP STK ACAT DELIVER	972028104	-564		
11-19-98	INTER BROKER DEBIT	ACAT DELIVER			166.09	
11-30-98		*** CLOSING BALANCE ***				

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 11/30/98	MARKE VALU
CASH	WILSON BK HLDG CO CDT CAP STK	972028104	-564*		Not Availab
	* Due from you WILSON BK HLDG CO CDT CAP STK	972028104	564		Not Availab

EQUITIES

END OF STATEMENT

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT:
TAX-ID :
F.A. :
LOAN CUSTODIAN
FBO ROBERT W CLEMENT
INDIVIDUAL IRA
8282 PRIEBROOKE LANE
ALEXANDRIA VA 22308-1708

NOVEMBER 30, 1998

YOUR FINANCIAL ADVISOR

[redacted]
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	166.27
EQUITIES	99,142.99
ASSET BACKED SECURITIES	483.84
MUTUAL FUNDS	10.08
APPROXIMATE VALUE	
THIS STATEMENT **	99,805.18

** DOES NOT INCLUDE UNPRICED SECURITIES

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	0.00
CLOSING BALANCE	166.27

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4 1/2% 11/19 THRU 11/29		5.18

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/19	TRANSFER		ACAT [redacted] TOA FROM NATIONAL FINANCI		8166.03
11/19	RECEIVED	530	AMERICAN FREIGHWAYS CORP ACAT [redacted] TOA FROM NATIONAL FINANCI		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
OTHER INCOME		
CREDIT INTEREST	0.18	0.18
TOTAL INCOME	0.18	0.18
RETIREMENT ACCOUNT INFORMATION		
TRANSFER INCOMING	58,737.63	58,737.63

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LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 2
ACCOUNT:
IAR-ID :
F.A. :

NOVEMBER 30, 1998

LPMM CUSTODIAN
FBO ROBERT N CLEMENT

OTHER ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/19	RECEIVED	750	WTS COMMUNITY FINANCIAL GROUP INC DUE 12/31/98 EXP 12/31/1998 ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	170	CENTOCOR INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	545	CRACKER BARREL OLD COUNTRY STORE INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1.009	--EATON VANCE PRIME RATE RESERVES-SBI ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	200	FIRST TENNESSEE NATIONAL CORP ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1,650	GERDAU STEEL CO-C1 A ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	2,000	GRETNAMPD LIMES INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	548	HCC TECHNOLOGIES INC NEW ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	140	KEYSTONE AUTOMOTIVE INDUSTRIES INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	200	MCI WORLDCOM INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	330	SOUTHWEST AIRLINES CO ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	360	SPM MICROSYSTEMS INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	564	WILSON BANK HOLDING CO REC FROM MAIL FINANCIAL		
11/19	RECEIVED	2,000	MORGAN STANLEY MORTGAGE TRUST C CMO/REALTS G G-6-DEF INTR 8.000 DUE 07/30/18 DUE 07/20/2018 9.000 ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	4,400	CUSTODIAN FRANCIFT 28 ACAT [redacted] TOA FROM NATIONAL FINANCI		

STATEMENT CONTINUED ON REVERSE SIDE

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. :

3
[redacted]

NOVEMBER 30, 1998

LPSAN CUSTODIAN
FBO ROBERT H CLEMENT

OTHER ACTIVITY (COMPUTED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/19	RECEIVED	7,968.750	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	149.250	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	8,183.750	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	10.070	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	6.750	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1,443.750	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	11.574	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1.890	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	3.080	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	10,562.400	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1.700	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	14,151.250	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	24,007.320	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	TRANSFER	188.090	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
550	AMERICAN FREIGHTWAYS CORP	9.00	$4,950.00		
170	CENTOCOR INC	38.50	6,545.00		

STATEMENT CONTINUED ON NEXT PAGE

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

LM FRANKLIN PARTNERS

PREFERRED ACCOUNT

Account Statement
Lm Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. :

[redacted]

NOVEMBER 30, 1998

LMBW CUSTODIAN
FBO ROBERT M CLEMENT

PORTFOLIO SUMMARY (CONTINUED)

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
750	MTS COMMUNITY FINANCIAL GROUP INC EXP 12/31/1998	.156	117.00		
345	CRACKER BARREL OLD COUNTRY STORE INC	23.25	8,021.25	86.80	0.04
200	FIRST TENNESSEE NATIONAL CORP	33.50	6,700.00	152.00	2.24
1,650	GERDAU STEEL CO-CL A	.75	1,237.50		
2,000	GREYHOUND LINES INC	6.00	12,000.00		
560	ICC TECHNOLOGIES INC NEW	3.75	2,025.00		
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	19.062	3,049.92		
200	MCI WORLDCOM INC	59.00	11,800.00		
730	SOUTHWEST AIRLINES CO	21.30	15,685.00	21.90	0.14
369	SUN MICROSYSTEMS INC	74.062	26,682.32		
	MARKET VALUE OF EQUITIES 99.51 OF PORTFOLIO		99,142.59	260.80	0.14

ASSET BACKED SECURITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
2,000	MORGAN STANLEY MORTGAGE TRUST C CMO/SERIES G 6-4-DEF INTR INTEREST FROM DATE 03/20/87 DATED DATE 03/20/87 DUE 07/20/2018 9.0000 JAN 20 AMORTIZED AMOUNT - .82 FACTOR - .21094000	100.821	2465.84	243.37	8.99
	MARKET VALUE OF ASSET BACKED SECURITIES 0.5% OF PORTFOLIO		2465.84	243.37	8.9%

MUTUAL FUNDS (MUTUAL FUND SHARE BALANCES MAY NOT REFLECT RECENT ACTIVITY.)

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
1.009	**LATON VANCE PRIME RATE RESERVES-RAL	9.99	010.08	8.69	0.84
	MARKET VALUE OF MUTUAL FUNDS LESS THAN 0.1% OF PORTFOLIO		010.08	8.69	0.8%

UNPRICED SECURITIES

QUANTITY	DESCRIPTION
564	WILSON BANK HOLDING CO

STATEMENT CONTINUED ON REVERSE SIDE

 7-15

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE 5
ACCT#
TRN-IS
F.A.

[redacted]

IMWW CUSTODIAN
FBO ROBERT W CLEMENT

NOVEMBER 30, 1998

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY MARY C CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 488-80036 - - - - - - - - -

ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

05/12/99 11:18 FAX 615 591 1047 FRANKLIN FINANCIAL 007
LMFP - FRANKLIN FIN SEC INC TLH [redacted]

Account Statement
LM Financial Partners Inc.
Member NASD/Member SIPC

7-16

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 1
Account: [redacted]
Tax-ID:
F.A.:

December 31, 1998

Last Statement
November 30, 1998

LMMM CUSTODIAN
FBO ROBERT M CLEMENT
INDIVIDUAL IRA
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Your Financial Advisor

[redacted]
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	166.93
Equities	109,641.41
Asset Backed Securities	483.12
Mutual Funds	10.12

Approximate Value

This Statement**	110,301.58
Last Statement**	99,805.18

** Does not include unpriced securities

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported on positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Credit Interest	0.66	0.84
Dividends	0.04	0.04
Total Income	0.70	0.88
Retirement Account Information		
Transfer Incoming	0.00	98,737.63

Cash Balance Summary

	Cash
Opening Balance	166.27
Closing Balance	166.93

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
12/01	DIVIDEND		##EATON VANCE PRIME RATE RESERVES-SBI RECORD 11/30/98 PAY 11/30/98		0.04
12/01	REINVESTMENT	.004	##EATON VANCE PRIME RATE RESERVES-SBI REINVEST PRICE $ 9.99		.04-
12/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.370% 11/28 THRU 12/30		.66

Statement Continued on Next Page

05/12/99 11:19 FAX 615 591 1047 FRANKLIN FINANCIAL 008

LMFP - FRANKLIN FIN SEC, INC TLH [redacted]

7-17

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 2
Account: [redacted]
Tax-ID:
F.A.: TLH

December 31, 1998

LMPW CUSTODIAN
FBO ROBERT N CLEMENT

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Adviser.

Equities

Quantity	Description	Price	Market Value	Estimated Annual Income	Estimated Current Yield
550	AMERICAN FREIGHTWAYS CORP	11.531	$6,342.05		
170	CENTOCOR INC	45.125	7,671.25		
750	MTS COMMUNITY FINANCIAL GROUP INC EXP 12/31/1998	.067	35.25		
345	CRACKER BARREL OLD COUNTRY STORE INC	23.313	8,042.99	$6.90	0.0%
200	FIRST TENNESSEE NATIONAL CORP	38.063	7,612.60	152.00	1.9%
1,650	GENEVA STEEL CO-CL A	.563	928.95		
2,000	GREYHOUND LINES INC	5.938	11,876.00		
560	ICG TECHNOLOGIES INC NEW	4.125	2,227.50		
160	KEYSTONE AUTOMOTIVE INDUSTRIES INC	20.938	3,350.00		
780	MCI WORLDCOM INC	71.75	16,350.00		
730	SOUTHWEST AIRLINES CO	22.438	16,379.74	21.90	0.1%
348	SUN MICROSYSTEMS INC	85.625	30,825.00		

Market Value of Equities $109,641.41 $180.80 0.1%
99.6% of Portfolio

Asset Backed Securities

Quantity	Description	Price	Market Value	Estimated Annual Income	Estimated Current Yield
2,000	MORGAN STANLEY MORTGAGE TRUST G CMO/SERIES G G-6-DEF INTR INTEREST FROM DATE 03/20/87 DATED DATE 02/06/87 DUE 07/20/2018 9.000% JAJO 20 AMORTIZED AMOUNT = 482 FACTOR = .240500000	100.250	$483.12	$43.37	8.9%

Market Value of Asset Backed Securities $483.12 $43.37 8.9%
0.4% of Portfolio

Mutual Funds (Mutual fund share balances may not reflect recent activity.)

Quantity	Description	Price	Market Value	Estimated Annual Income	Estimated Current Yield
1.013	WHEATON VANCE PRIME RATE RESERVES-SBI	9.99	$10.12	$.69	6.8%

Market Value of Mutual Funds $10.12 $.69 6.8%
Less than 0.1% of Portfolio

Statement Continued on Next Page

05/12/99 11:19 FAX 615 591 1047 FRANKLIN FINANCIAL 009

LMFP - FRANKLIN FIN SEC, INC TLH [redacted]

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Page: 3
Account: [redacted]
Tax-ID:
F.A.:

December 31, 1998

LMSM CUSTODIAN
FBO ROBERT H CLEMENT

Unpriced Securities

Quantity	Description
560	WILSON BANK HOLDING CO

Pending Trades

The trades listed below have been confirmed to you, but will not settle until next month. On your next statement, these trades will be reflected in the Trade Activity Section and will update your Portfolio Summary. If you have any questions, please call your Financial Advisor.

Date	Transaction	Quantity	Description	Price	Amount
01/06	YOU SOLD	345	CRACKER BARREL OLD COUNTRY STORE INC	21.50	97,252.83
01/05	YOU SOLD	2,000	GREYHOUND LINES INC WITH RIGHTS TO PURCHASE PREFRD	5.875	11,462.60

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary	MARY C CLEMENT	100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

All distributions from Traditional IRAs and Roth IRA recharacterizations will be reported on Form 1099-Rs. Some clients may receive 1099-Rs which aggregate information or multiple 1099-Rs depending on the number of transactions involved. Information on appropriate reporting will be included in the 1099-R mailing.

You will receive a Retirement Account Summary in January, detailing contributions made to your retirement account and your year-end account value. This information will be reported to the Internal Revenue Service. Please report any discrepancies to your Financial Advisor.
If you have not made your 1998 contribution, you have until April 15, 1999 to do so.

* ---------- End of Statement For Account 488-00036 ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

274 1,553,628 B E N 90 01/02/99; 10:57

CM: 0.00 CY: 0.00 PY: 0.00 OPTN: DISC: HOME: BUS: (202)225-4311

LMALDT

Exhibit 8-1

0660031 0230 042129114
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO MARY C CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period August 01, 1998 Thru August 31, 1998

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	00	00
Closing Net Money Balance	1 83	00

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0 0%	-1.83	.00
Equities	100.0%	14,200.00	.00
Total Assets		**14,198.17**	**.00**

RETIREMENT SHOULD BE A TIME WHEN YOU DO WHAT YOU WANT TO DO.
ARE YOU ON TRACK TO REALIZE YOUR DREAMS?
YOUR INVESTMENT REPRESENTATIVE CAN HELP WITH
- FINANCIAL PLANNING
- IRA SAVINGS PROGRAMS AND
- INVESTMENT STRATEGIES
CALL YOUR INVESTMENT REPRESENTATIVE TODAY!

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
08-01-98		***** OPENING BALANCE *****				**.00**
08-18-98	JOURNALED	ACAT RECEIVES RETIREMENT ACCT 0161 /0161	000993386	1		.00
08-27-98	JOURNALED	ACAT RECEIVES RETIREMENT ACCT 23005755/0161	000993386	-1		.00
08-27-98	INTER BROKER RECEIVE	AMERICAN FREIGHTWAYS CORP ACAT RECEIVE	02629V108	200		.00
08-27-98	INTER BROKER RECEIVE	HOME DEPOT INC NFSC IS SPECIALIST IN THIS SECURITY ACAT RECEIVE	437076102	300		.00
08-27-98	INTER BROKER RECEIVE	ICC TECHNOLOGIES INC NEW ACAT RECEIVE	449238203	550		.00
08-27-98	INTER BROKER DEBIT	ACAT RECEIVE			1.83	
08-31-98		***** CLOSING BALANCE *****			**1.83**	

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

8-2

Statement Period August 01, 1998 Thru August 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 08/31/98	MARKET VALUE
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	200	7.625	1,525.00
CASH	HOME DEPOT INC NFSC IS SPECIALIST IN THIS SECURITY	HD 437076102	300	38.125	11,437.50
CASH	ICC TECHNOLOGIES INC NEW	ICGN 449239203	550	2.25	1,237.50
	EQUITIES	**100.0 % Of Portfolio**			**14,200.00**

END OF STATEMENT

8-3

0980930 0230 042159648
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO MARY C CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period September 01, 1998 Thru September 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	9 00	9 00

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0 0%	7 18	-1 83
Equities	100 0%	15,000 00	14,200 00
Total Assets		**15,007.18**	**14,198.17**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	1.83	00
Closing Net Money Balance	00	.00

SOLUTIONS? YEAH, WE'VE GOT 'EM.
WHETHER IT'S FOR RETIREMENT, EDUCATION FUNDING, AN ESTATE TAX REVIEW OR SOME OTHER CRITICAL NEED, WE CAN HELP PUT THE RIGHT FINANCIAL PLAN IN PLACE FOR YOU. VISIT OR CALL YOUR INVESTMENT REPRESENTATIVE TODAY FOR YOUR PERSONALIZED FINANCIAL PLAN.

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
09-01-98		*** OPENING BALANCE ***			1.83	
09-10-98	INTER BROKER CREDIT	ACAT RES CREDIT				.01
09-17-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	7 18	7.18	
09-17-98	DIVIDEND RECEIVED	HOME DEPOT INC NFSC IS SPECIALIST IN THIS SECURITY	437076102			9 00
09-30-98		*** CLOSING BALANCE ***				.00

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

2-4

Statement Period September 01, 1998 Thru September 30, 1998

Customer Name: CLEMENT
Account Number [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 09/30/98	MARKE VALU
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.72%	FPRXX 650914203	7.18	1.00	7.1
	CASH/CASH EQUIVALENTS				**7.1**
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	200	7.50	1,500.0
CASH	HOME DEPOT INC NFSC IS SPECIALIST IN THIS SECURITY	HD 437076102	300	39.50	11,850.0
CASH	ICC TECHNOLOGIES INC NEW	RRRR 449238203	550	3.00	1,650.0
	EQUITIES	**100.0 % Of Portfolio**			**15,000.0**

END OF STATEMENT

5-5

0881030 0230 042114464
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO MARY C CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period October 01, 1998 Thru October 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	.01	9.01

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.0%	7.19	7.1[illegible]
Equities	100.0%	16,247.30	15,000.0[illegible]
Total Assets		**16,254.49**	**15,007.1[illegible]**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

Retirement account maintenance fee not paid for 1998

EVERYONE'S TALKING ABOUT THE NEW ROTH IRA.
FIND OUT WHAT IT CAN MEAN FOR YOU.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY
TO DISCUSS WHETHER THE ROTH IRA IS APPROPRIATE FOR YOUR NEEDS.

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDI AMOUN
10-01-98		*** OPENING BALANCE ***				.[illegible]
10-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	.01	.01	
10-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			.[illegible]
10-31-98		*** CLOSING BALANCE ***				.[illegible]

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

8-6

Statement Period October 01, 1998 Thru October 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 10/31/98	MARK VAL
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.55%	FPRXX 650914203	7.19	1.00	7
	CASH/CASH EQUIVALENTS				7.-
CASH	AMERICAN FREIGHTWAYS CORP	AFWY 02629V108	200	8.50	1,700
CASH	HOME DEPOT INC NFSC IS SPECIALIST	HD 437076102	300	43.563	13,068
CASH	ICC TECHNOLOGIES INC NEW	RRRR 449238203	550	2.688	1,478
	EQUITIES	**100.0 % Of Portfolio**			**16,247.:**

END OF STATEMENT

8-7

998 1130 0230 042207549
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

NFSC/FMTC IRA
FBO MARY C CLEMENT
21 BELCARO CIRCLE
NASHVILLE TN 37215

Statement Period November 01, 1998 Thru November 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Div Tax Deferred	.03	9.04

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.0%	.00	7.19
Equities	0.0%	.00	16,247.30
Total Assets		.00	16,254.49

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

Retirement account maintenance fee not paid for 1998

**IF YOU'RE MAKING NON-DEDUCTIBLE CONTRIBUTIONS TO A REGULAR IRA,
CONSIDER CONTRIBUTING TO A ROTH IRA INSTEAD.
THE DEADLINE TO CONVERT TO A ROTH IRA AND
SPREAD TAXATION OVER THE NEXT FOUR YEARS IS DECEMBER 31, 1998.
THE TAXES TODAY MAY BE DWARFED BY THE TAX-FREE INCOME TOMORROW.
TAKE ADVANTAGE OF THE TAX-FREE RETIREMENT INCOME POSSIBILITIES OF A ROTH IRA.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY!**

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDI AMOUN
11-01-98		***** OPENING BALANCE *****				.0
11-02-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	.03	.03	
11-02-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			.0
11-11-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	7.22		7.2
11-11-98	RETIREMENT FEE CHGD	RETIREMENT MAINT FEE			30.00	
11-11-98	IRA - C/O FEE CHARGED	RETIREMENT CLOSE FEE			50.00	
11-19-98	INTER BROKER DELIVER	AMERICAN FREIGHTWAYS CORP ACAT DELIVER	02629V108	-200		.0
11-19-98	INTER BROKER DELIVER	HOME DEPOT INC ACAT DELIVER NFSC IS SPECIALIST	437076102	-300		.0
11-19-98	INTER BROKER DELIVER	ICG TECHNOLOGIES INC NEW ACAT DELIVER	449238203	-550		.0
11-19-98	INTER BROKER CREDIT	ACAT DELIVER				72.7
11-30-98		***** CLOSING BALANCE *****				.0

8-8

Statement Period November 01, 1998 Thru November 30, 1998

Customer Name &CLEMENT
Account Number E1F-006173

YOUR REPRESENTATIVE:
[redacted]

Page 2

FRANKLIN
FINANCIAL SECURITIES

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

END OF STATEMENT

8-9

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

NOVEMBER 30, 1998

YOUR FINANCIAL ADVISOR

[redacted]
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

PAGE : 1
ACCOUNT: [redacted]
TAX-ID : TIN
F A
LMFN CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREASBROOKE LANE
ALEXANDRIA VA 22308-1766

ACCOUNT VALUE

CASH BALANCE	72.78-
EQUITIES	18,787.50
APPROXIMATE VALUE	
THIS STATEMENT	18,714.72

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

INCOME & RETIREMENT PLAN ACCOUNTING

	THIS MONTH	YEAR TO DATE
RETIREMENT ACCOUNT INFORMATION		
TRANSFER TWOMPLING	17,997.78	17,997.78

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	0.00
CLOSING BALANCE	72.78-

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/19	TRANSFER		ACAT [redacted] TOA FROM NATIONAL FINANCI		$72.78-
11/19	RECEIVED	300	AMERICAN FREIGHTWAYS CORP ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	900	HOME DEPOT INC ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	550	ICC TECHNOLOGIES INC NEW ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	1,600	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		
11/19	RECEIVED	14,400	CUSTODIAN TRANSFER IN ACAT [redacted] TOA FROM NATIONAL FINANCI		

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEES NIJOR WOOD WALKER, INC. MEMBER SIPC

8-12

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE 2
ACCOUNT: [redacted]
TAX-ID :
F.A. :

LMFM CUSTODIAN
FBO MARK C CLEMENT

NOVEMBER 30, 1998

OTHER ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/19	RECEIVED	1.925	CUSTODIAN TRANSFER IN [redacted] TOA FROM NATIONAL FINANCI		
11/19	TRANSFER	72.780	CUSTODIAN TRANSFER IN [redacted] TOA FROM NATIONAL FINANCI		

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INSOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
200	AMERICAN FREIGHTWAYS CORP	9.00	31,800.00		
300	HOME DEPOT INC	49.75	14,925.00	536.00	0.24
550	ICC TECHNOLOGIES INC NEW	3.75	2,062.50		
	MARKET VALUE OF EQUITIES 100.0% OF PORTFOLIO		48,787.50	536.00	0.11

ACCOUNT INSTRUCTIONS
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY ROBERT W CLEMENT 100%

THE BENEFICIARY DESIGNATION CONTAINED IN OUR RECORDS IS REFLECTED ABOVE.
IF THIS INFORMATION IS INCORRECT, PLEASE NOTIFY YOUR FINANCIAL ADVISOR.

- END OF STATEMENT FOR ACCOUNT 488-80035 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

03/12/99 11:17 FAX 615 591 1047 FRANKLIN FINANCIAL 005

S-11

LMFP - FRANKLIN FIN SEC, INC TLH [redacted]

Account Statement
LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 1
Account: [redacted]
Tax-ID:
F.A.: TLH

December 31, 1998 Retirement Account Summary

Last Statement
November 30, 1998

LMM CUSTODIAN
FBO MARY C CLEMENT
INDIVIDUAL IRA
8202 TREEHOUSE LANE
ALEXANDRIA VA 22308-1706

Your Financial Advisor

LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	63.78-
Equities	22,931.35
Approximate Value	
This Statement	22,867.57
Last Statement	18,714.72

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Retirement Plan Accounting

	This Month	Year to Date
Other Income		
Dividends	9.00	9.00
Total Income	9.00	9.00
Retirement Account Information		
Transfer Incoming	0.00	17,997.78

Cash Balance Summary

	Cash
Opening Balance	72.78-
Closing Balance	63.78-

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
12/17	DIVIDEND		HOME DEPOT INC CASH DIV ON 380 SHS REC 12/03/98 PAY 12/17/98		89.00

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Equities

Quantity	Description	Price	Market Value	Estimated Annual Income	Estimated Current Yield
200	AMERICAN FREIGHTWAYS CORP	11.531	2,306.20		
380	HOME DEPOT INC	61.188	18,354.40	836.00	0.1%

Statement Continued on Next Page

05/12/99 11:18 FAX 615 591 1047 FRANKLIN FINANCIAL 008

LMFP - FRANKLIN FIN SEC, INC [redacted]

8-12

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 2
Account: [redacted]
Tax ID:
F.A.: TLH

December 31, 1998

Retirement Account Summary

LMHH CUSTODIAN
FBO MARY C CLEMENT

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	– Estimated – Annual Income	Current Yield
550	ICC TECHNOLOGIES INC NEW	4.125	2,268.75		
Market Value of Equities 100.0% of Portfolio			22,931.35	336.00	0.1%

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1 Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

Beneficiary Information

Primary Beneficiary ROBERT N CLEMENT 100%

The beneficiary designation contained in our records is reflected above. If this information is incorrect, please notify your Financial Advisor.

All distributions from Traditional IRAs and Roth IRA recharacterizations will be reported on Form 1099-Rs. Some clients may receive 1099-Rs which aggregate information or multiple 1099-Rs depending on the number of transactions involved. Information on appropriate reporting will be included in the 1099-R mailing.

This statement contains important information concerning your retirement account for 1998. All account contributions and your year-end account value will be reported to the Internal Revenue Service. Please review and report any discrepancies to your Financial Advisor.
If you have not made your 1998 contribution, you have until April 15, 1999 to do so.

End of Statement For Account 488-08035

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

274 1,553,625 B E N 90 01/02/99; 10:57

CM 0.00 CY 0.00 PY 0.00 OPTN: DISC: HOME: (703)765-0580 BUS:

Schaane

05 0430 0210 042007529
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period April 01, 1998 Thru April 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Sales Proceeds	174,930.68	174,930.68

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Peri
Cash/Cash Equivalents	90.8%	174,930.68	
Equities	9.2%	17,706.00	
Total Assets		192,636.68	

ACTIVITY SUMMARY

	Debits	Credit
Opening Net Money Balance	.00	.0
Closing Net Money Balance	.00	.0

EVERYONE'S TALKING ABOUT THE NEW ROTH IRA.
FIND OUT WHAT IT CAN MEAN FOR OUR RETIREMENT SAVINGS.
VISIT OR CALL YOUR INVESTMENT REPRESENTATIVE TODAY TO DISCUSS THE SPECIFIC ADVANTAGES THE ROTH IRA MAY OFFER YOU.
YOUR INVESTMENT REPRESENTATIVE CAN ALSO HELP YOU WITH OTHER RETIREMENT INVESTMENTS INCLUDING MUTUAL FUNDS, ANNUITIES, FINANCIAL PLANNING AND INSURANCE. CALL OR VISIT TODAY.

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CRE AMOU
04-01-98		*** OPENING BALANCE ***				
04-17-98	RECEIVED FROM YOU	FRANKLIN FINL CORP TENN	353523103	5,454		
04-20-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	159,391.2	159,391.20	
04-21-98	YOU SOLD	FRANKLIN FINL CORP TENN CORR QUANTITY CORRECTED CONFIRM @ 35	353523103	5,000		174,930.
04-21-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	15,539.48	15,539.48	
04-30-98		*** CLOSING BALANCE ***				

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

Statement Period April 01, 1998 Thru April 30, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 04/30/98	MARK VAL
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.75%	FPRXX 650914203	174,930.68	1.00	174,930
	CASH/CASH EQUIVALENTS	**90.8 % Of Portfolio**			**174,930.**
CASH	FRANKLIN FINL CORP TENN	FNFN 353523103	454	39.00	17,706
	EQUITIES	**9.2 % Of Portfolio**			**17,706.**

END OF STATEMENT

0980529 0230 042119944
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]
RR Numbe[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
6202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period May 01, 1998 Thru May 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	225.39	225.39
Sales Proceeds	17,863.15	192,793.83

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	91.5%	167,564.32	174,930.68
Equities	8.5%	15,575.00	17,706.00
Total Assets		**183,139.32**	**192,636.68**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

WE CAN HELP YOU WITH SERIOUS FINANCIAL PLANNING ISSUES LIKE
RETIREMENT PLANNING,
EDUCATION FUNDING,
LIFE INSURANCE NEEDS OR
AN ESTATE TAX REVIEW.
CALL YOUR INVESTMENT REPRESENTATIVE TODAY FOR YOUR PERSONALIZED FINANCIAL PLAN.

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDI AMOUN
05-01-98		*** OPENING BALANCE ***				.0
05-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	225.39	225.39	
05-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			225.3
05-15-98	YOU SOLD	FRANKLIN FINL CORP TENN EX-DIV DATE 06/03/98 RECORD DATE 05/20/98 PAYABLE DTE 06/02/98 @ 39 1/2	353523103	454		17,863.1
05-15-98	YOU BOUGHT	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST IN THIS SECURITY EXEC. CINN STK EXCH @ 24 1/2	379352404	700	17,439.90	
05-15-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	423.25	423.25	
05-21-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	8,015		8,015.0
05-21-98	JOURNALED	WIRE FEE			15.00	
05-21-98	WIRE TRANS TO BANK	WD00981211			8,000.00	
05-31-98		*** CLOSING BALANCE ***				.0

7-4

0960830 0230-942160896
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period June 01, 1998 Thru June 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	695.86	921.25
Sales Proceeds	.00	192,793.83

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	92.7%	168,260.18	167,564.32
Equities	7.3%	13,169.10	15,575.00
Total Assets		181,429.28	183,139.32

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

**WE CAN HELP YOU WITH FINANCIAL PLANNING,
INVESTMENT STRATEGIES,
IRA SAVINGS PROGRAMS AND MORE.
RETIREMENT SOLUTIONS THAT HELP YOU MEET YOUR GOALS.
PLAN NOW TO VISIT YOUR INVESTMENT REPRESENTATIVE.**

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CRED AMOUN
06-01-98		***** OPENING BALANCE *****				J
06-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	695.86	695.86	
06-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			695.8
06-30-98		***** CLOSING BALANCE *****				J

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

Statement Period June 01, 1998 Thru June 30, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 06/30/98	MARK VALU
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.78%	FPRXX 650914203	168,260.18	1.00	168,260
	CASH/CASH EQUIVALENTS	**92.7 % Of Portfolio**			**168,260.1**
CASH	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST IN THIS SECURITY	GLM 379352404	700	18.813	13,169.
	EQUITIES	**7.3 % Of Portfolio**			**13,169.1**

END OF STATEMENT

1-6

0980731 0230 042137754
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period July 01, 1998 Thru July 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	658.23	1,579.48
Sales Proceeds	.00	192,793.83

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	10.6%	18,918.41	168,260.18
Equities	5.4%	9,581.60	13,169.10
Mutual Funds	84.0%	149,856.19	.00
Total Assets		**178,356.20**	**181,429.28**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

"AM I SAVING ENOUGH FOR RETIREMENT?"
IS A QUESTION ON THE MINDS OF MANY PEOPLE THESE DAYS
VISIT OR CALL YOUR INVESTMENT REPRESENTATIVE TODAY
TO DISCUSS YOUR RETIREMENT GOALS

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
07-01-98		***** OPENING BALANCE *****				.0
07-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	658.23	658.23	
07-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			658.2
07-23-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	150,035		150,035.0
07-24-98	YOU BOUGHT	VANGUARD GNMA FIXED INCOME SECURITIES PROSPECTUS UNDER SEPARATE COVER CONF:98203BHDMN 0 CORR COMMISSION CORRECTED CONFIRM @ 10.43	922031307	14,381.592	150,000.00	
07-24-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	35	35.00	
07-31-98		***** CLOSING BALANCE *****				.0

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND ITS INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

7-1

Statement Period July 01, 1998 Thru July 31, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 07/31/98	MARK VAL
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.77%	FPRXX 650914203	18,918.41	1.00	18,918
	CASH/CASH EQUIVALENTS	**10.6 % Of Portfolio**			**18,918.**
CASH	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST IN THIS SECURITY	GLM 379352404	700	13.688	9,581
	EQUITIES	**5.4 % Of Portfolio**			**9,581.**
CASH	VANGUARD GNMA FIXED INCOME SECURITIES	VFIIX 922031307	14,381.592	10.42	149,856
	MUTUAL FUNDS	**84.0 % Of Portfolio**			**149,856.**

END OF STATEMENT

7-0

0980831 0230 042129113
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]
HE

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period August 01, 1998 Thru August 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	794 69	2,374 17
Sales Proceeds	00	192,793 83

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	11 0%	19,445 09	18,918 41
Equities	3.7%	6,519.10	9,581 60
Mutual Funds	85 3%	150,844 57	149,856.19
Total Assets		**176,808.76**	**178,356.20**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

RETIREMENT SHOULD BE A TIME WHEN YOU DO WHAT YOU WANT TO DO
ARE YOU ON TRACK TO REALIZE YOUR DREAMS?
YOUR INVESTMENT REPRESENTATIVE CAN HELP WITH
- FINANCIAL PLANNING
- IRA SAVINGS PROGRAMS AND
- INVESTMENT STRATEGIES
CALL YOUR INVESTMENT REPRESENTATIVE TODAY!

[redacted] ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
08-01-98		***** OPENING BALANCE *****				**.00**
08-03-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	526 68	526.68	
08-03-98	REINVESTMENT	VANGUARD GNMA FIXED INCOME SECURITIES REINVESTED @ $10 42	922031307	25.721	268 01	
08-03-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			526.68
08-03-98	DIVIDEND RECEIVED	VANGUARD GNMA FIXED INCOME SECURITIES	922031307			268 01
08-31-98		***** CLOSING BALANCE *****				**.00**

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

77

Sitteme:.. Period August 01, 1998 Thru August 31, 1998

Customer Name CLEMENT
Account Number [redacted]

[redacted]IVE:

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 08/31/98	MARKET VALUE
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4 77%	FPRXX 650914203	19,445 09	1 00	19,445.09
	CASH/CASH EQUIVALENTS	**11.0 % Of Portfolio**			**19,445.09**
CASH	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST IN THIS SECURITY	GLM 379352404	700	9.313	6,519 10
	EQUITIES	**3.7 % Of Portfolio**			**6,519.10**
CASH	VANGUARD GNMA FIXED INCOME SECURITIES	VFIIX 922031307	14,407.313	10 47	150,844.57
	MUTUAL FUNDS	**85.3 % Of Portfolio**			**150,844.57**

END OF STATEMENT

9-10

0960930 0230 0431 5647
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period September 01, 1998 Thru September 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	902 74	3,276.91
Sales Proceeds	.00	192,793.83

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	10.8%	19,523.49	19,445.09
Equities	4 4%	7,787.50	6,519 10
Mutual Funds	84 8%	152,682 94	150,844.57
Total Assets		179,993.93	176,808.76

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	.00

SOLUTIONS? YEAH, WE'VE GOT 'EM.
WHETHER IT'S FOR RETIREMENT, EDUCATION FUNDING, AN ESTATE TAX REVIEW OR SOME OTHER CRITICAL NEED, WE CAN HELP PUT THE RIGHT FINANCIAL PLAN IN PLACE FOR YOU. VISIT OR CALL YOUR INVESTMENT REPRESENTATIVE TODAY FOR YOUR PERSONALIZED FINANCIAL PLAN.

REGULAR ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
09-01-98		*** OPENING BALANCE ***				.00
09-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	78.4	78.40	
09-01-98	REINVESTMENT	VANGUARD GNMA FIXED INCOME SECURITIES REINVESTED @ $10.47	922031307	78.734	824.34	
09-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			78.40
09-01-98	DIVIDEND RECEIVED	VANGUARD GNMA FIXED INCOME SECURITIES	922031307			824.34
09-30-98		*** CLOSING BALANCE ***				.00

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

9-11

Statement Period September 01, 1998 Thru September 30, 1998

Customer Name: CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 09/30/98	MARKET VALUE
CASH	PRIME FUND - CAPITAL RESERVES CLASS 7 DAY AVG NET YIELD 4.72%	FPRXX 650914203	19,523.49	1.00	19,523.49
	CASH/CASH EQUIVALENTS	**10.8 % Of Portfolio**			**19,523.49**
CASH	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST IN THIS SECURITY	GLM 379352404	700	11.125	7,787.50
	EQUITIES	**4.4 % Of Portfolio**			**7,787.50**
CASH	VANGUARD GNMA FIXED INCOME SECURITIES	VFIIX 922031307	14,486.047	10.54	152,682.94
	MUTUAL FUNDS	**84.8 % Of Portfolio**			**152,682.94**

END OF STATEMENT

9-12

0961030 0230 042116381
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]
RS [redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period October 01, 1998 Thru October 31, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	905.47	4,182.38
Sales Proceeds	152,312.23	345,106.06

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	95.2%	171,911.71	19,523.49
Equities	4.8%	8,662.50	7,787.50
Mutual Funds	0.0%	.00	152,682.94
Total Assets		**180,574.21**	**179,993.93**

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	.00
Closing Net Money Balance	.00	171,911.71

EVERYONE'S TALKING ABOUT THE NEW ROTH IRA.
FIND OUT WHAT IT CAN MEAN FOR YOU.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY
TO DISCUSS WHETHER THE ROTH IRA IS APPROPRIATE FOR YOUR NEEDS.

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDIT AMOUNT
10-01-98		***** OPENING BALANCE *****				**.00**
10-01-98	REINVESTMENT	PRIME FUND - CAPITAL RESERVES CLASS NET DIV REINVEST	650914203	75.99	75.99	
10-01-98	REINVESTMENT	VANGUARD GNMA FIXED INCOME SECURITIES REINVESTED @ $10.54	922031307	78.698	829.48	
10-01-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			75.99
10-01-98	DIVIDEND RECEIVED	VANGUARD GNMA FIXED INCOME SECURITIES	922031307			829.48
10-28-98	YOU SOLD	VANGUARD GNMA CONF:98300BCMTJ 0 @ 10.46	922031307	14,564.745		152,312.23
10-28-98	YOU BOUGHT	PRIME FUND - CAPITAL RESERVES CLASS @ 1	650914203	152,312.23	152,312.23	
10-29-98	YOU SOLD	PRIME FUND - CAPITAL RESERVES CLASS FPRX TO	650914203	171,911.71		171,911.71
10-31-98		***** CLOSING BALANCE *****				**171,911.71**

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND ITS INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

9-13

Statement Period October 01, 1998 Thru October 31, 1998

Customer Name: &CLEMENT
Account Number: [redacted]

YOUR REPRESENTATIVE:
[redacted]

[redacted]

FRANKLIN
FINANCIAL SECURITIES

POSITIONS IN YOUR ACCOUNT

ACCOUNT TYPE	DESCRIPTION	SYMBOL CUSIP	QUANTITY	PRICE ON 10/31/98	MARKE VALUE
CASH	GLOBAL MARINE INC COM NEW NFSC IS SPECIALIST	GLM 379352404	700	12.375	8,662.5
	EQUITIES	**4.8 % Of Portfolio**			**8,662.5(**

END OF STATEMENT

9-14

0981130 0230 042207548
INVEST FINANCIAL CORPORATION
FRANKLIN NATIONAL BANK
210 EAST MAIN STREET
FRANKLIN, TN 37064

FRANKLIN
FINANCIAL SECURITIES

YOUR REPRESENTATIVE:
[redacted]

Account Number: [redacted]

For Questions Call: Local 615 591 1053

MARY CLEMENT
8202 TREEBROOKE LN
ALEXANDRIA VA 22308

Statement Period November 01, 1998 Thru November 30, 1998

INCOME SUMMARY

	This Period	Year To Date
Taxable Dividends	783.39	4,965.77
Sales Proceeds	.00	345,106.06

ACCOUNT VALUATION

	Percentage of Your Portfolio	This Period	Last Period
Cash/Cash Equivalents	0.0%	.00	171,911.71
Equities	0.0%	.00	8,662.50
Total Assets		.00	180,574.21

ACTIVITY SUMMARY

	Debits	Credits
Opening Net Money Balance	.00	171,911.71
Closing Net Money Balance	.00	.00

IF YOU'RE MAKING NON-DEDUCTIBLE CONTRIBUTIONS TO A REGULAR IRA,
CONSIDER CONTRIBUTING TO A ROTH IRA INSTEAD.
THE DEADLINE TO CONVERT TO A ROTH IRA AND
SPREAD TAXATION OVER THE NEXT FOUR YEARS IS DECEMBER 31, 1998.
THE TAXES TODAY MAY BE DWARFED BY THE TAX-FREE INCOME TOMORROW.
TAKE ADVANTAGE OF THE TAX-FREE RETIREMENT INCOME POSSIBILITIES OF A ROTH IRA.
CALL OR VISIT YOUR INVESTMENT REPRESENTATIVE TODAY!

CASH ACCOUNT ACTIVITY

SETTLEMENT DATE	TRANSACTION	DESCRIPTION	CUSIP	QUANTITY	DEBIT AMOUNT	CREDI AMOUN
11-01-98		*** OPENING BALANCE ***				171,911.7
11-02-98	DIVIDEND RECEIVED	PRIME FUND - CAPITAL RESERVES CLASS DIVIDEND RECEIVED	650914203			90.8
11-02-98	DIVIDEND RECEIVED	VANGUARD CMMA	922031307			692.5
11-05-98	INTER BROKER DELIVER	GLOBAL MARINE INC COM NEW ACAT DELIVER NFSC IS SPECIALIST	379352404	-700		.(
11-05-98	INTER BROKER DEBIT	ACAT DELIVER			171,911.71	
11-20-98	INTER BROKER DEBIT	ACAT RES.CREDIT			783.39	
11-30-98		*** CLOSING BALANCE ***				.(

SECURITIES AND INSURANCE PRODUCTS ARE OFFERED THROUGH INVEST FINANCIAL CORPORATION (INVEST), MEMBER NASD, SIPC, AND IT'S INSURANCE AGENCIES AND ARE NOT INSURED BY THE FDIC ARE NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, THE DEPOSITORY INSTITUTION ARE SUBJECT TO RISKS INCLUDING THE POSSIBLE LOSS OF PRINCIPAL AMOUNT INVESTED.

END OF STATEMENT

9-15

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE : 1
ACCOUNT : [redacted]
TAX-ID :
F.A. :
MARY CLEMENT
8282 TRALWOODE LANE
ALEXANDRIA VA 22308-1706

NOVEMBER 30, 1998

YOUR FINANCIAL ADVISOR

[redacted]
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

ACCOUNT VALUE

CASH BALANCE	3,158.03
LM BOND FUNDS	174,765.18
EQUITIES	6,242.50

APPROXIMATE VALUE

THIS STATEMENT	184,165.71

YOU MAY HAVE PURCHASED MUTUAL FUNDS, ANNUITIES, LIMITED PARTNERSHIPS OR OTHER INVESTMENTS WHICH ARE NOT REPORTED AS POSITIONS ON THIS STATEMENT. IF SO, YOU WILL RECEIVE PERIODIC STATEMENTS DIRECTLY FROM THE FUND, INSURANCE COMPANY OR PARTNERSHIP.

CASH BALANCE SUMMARY

	CASH
OPENING BALANCE	0.00
CLOSING BALANCE	3,158.03

TRADE ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/23	YOU BOUGHT	16,228.893	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO	10.46	3173,000.60-

INCOME ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/30	INTEREST		INTEREST ON CREDIT BALANCE AT 4 1/2% 11/05 THRU 11/27		2345.30

OTHER ACTIVITY

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/05	TRANSFER		ACAT 30010178 RGA 6726 TDA FROM NATIONAL FINANCI		2171,911.71

INCOME & RELATED INFORMATION

OTHER INCOME	THIS MONTH	YEAR TO DATE
CREDIT INTEREST	385.30	385.30
TOTAL INCOME	385.30	385.30
TAXABLE INCOME	385.30	385.30

SEE REVERSE SIDE FOR IMPORTANT INFORMATION
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

 9-16

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Account Statement
LM Financial Partners, Inc.
Member NASD/Member SIPC

PAGE :
ACCOUNT:
TAX-ID :
F.A. :

MARY CLEMENT

NOVEMBER 30, 1998

OTHER ACTIVITY (CONTINUED)

DATE	TRANSACTION	QUANTITY	DESCRIPTION	PRICE	AMOUNT
11/05	RECEIVED	700	GLOBAL MARINE INC NEW ACCT 30018478 NCS 0226 TOA FROM NATIONAL FINANCI		
11/17	DEPOSIT		DEPOSIT RECEIVED-CLIENT SERVICE VANGUARD GNMA FUND		3,877.63
11/30	TRANSFER		ACCT 72969821 NCS 0226 TOA FROM NATIONAL FINANCI		783.39

PORTFOLIO SUMMARY

SECURITIES PRICES USED IN YOUR PORTFOLIO SUMMARY ARE OBTAINED FROM OUTSIDE SERVICES AND THEIR ACCURACY CANNOT BE GUARANTEED. THESE VALUES ARE PROVIDED AS A GENERAL GUIDE BUT INCOME CASES MAY NOT REFLECT THE ACTUAL MARKET PRICE. IF AN EXACT PRICE IS NEEDED CONTACT YOUR FINANCIAL ADVISOR.

LEGG MASON BOND FUNDS

SHARES	DESCRIPTION	PRICE	MARKET VALUE
16,228.893	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO 30 DAY YIELD AS OF 11/25: 5.390%	10.77	174,785.18

MARKET VALUE OF LEGG MASON BOND FUNDS 174,785.18
96.4% OF PORTFOLIO

EQUITIES

QUANTITY	DESCRIPTION	PRICE	MARKET VALUE	-- ESTIMATED -- ANNUAL INCOME	CURRENT YIELD
700	GLOBAL MARINE INC NEW	9.375	6,562.50		

MARKET VALUE OF EQUITIES 6,562.50
3.6% OF PORTFOLIO

ACCOUNT INSTRUCTIONS:
INVESTMENT OBJECTIVES
INVESTMENT OBJECTIVES FOR YOUR ACCOUNT ARE SHOWN BELOW. IF YOU HAVE ANY QUESTIONS CONCERNING THESE OBJECTIVES, OR WISH TO CHANGE THEM, PLEASE CONTACT YOUR FINANCIAL ADVISOR.
1. LONG TERM GROWTH

DELIVERY INSTRUCTIONS
SECURITIES IN YOUR ACCOUNT WILL BE HELD BY LEGG MASON FOR YOUR BENEFIT.
CASH BALANCES WILL BE HELD IN YOUR ACCOUNT.

- END OF STATEMENT FOR ACCOUNT 488-10334 - - - - - - - - -
ACCOUNT MAINTAINED BY LEGG MASON WOOD WALKER, INC. MEMBER SIPC

05/12/99 11:16 FAX 615 591 1047 FRANKLIN FINANCIAL 002

LMFP - FRANKLIN FIN SEC, INC TLH [redacted]

Account Statement

LM Financial Partners Inc.
Member NASD/Member SPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 1
Account: [redacted]
Tax-ID:
F.A.: TLH

December 31, 1998

Last Statement
November 30, 1998

MARY CLEMENT
8202 TREEBROOKE LANE
ALEXANDRIA VA 22308-1706

Your Financial Advisor

[redacted]
LM FINANCIAL PARTNERS
210 EAST MAIN STREET
FRANKLIN TN 37064-2507
(615) 591-1051

Account Value

Cash Balance	3.43
LM Money Market Funds	3,161.92
LM Bond funds	174,347.49
Equities	6,431.60
Approximate Value	
This Statement	183,943.54
Last Statement	184,505.71

You may have purchased mutual funds, annuities, limited partnerships or other investments which are not reported as positions on this statement. If so, you will receive periodic statements directly from the fund, insurance company or partnership.

Income & Related Information

	This Month	Year to Date
Legg Mason Mutual Funds		
CASH RESERVE TRUST		
Dividends	3.02	3.02
INVESTMENT GRADE INCOME PORTFOLIO		
Dividends	622.09	622.09
L/T Capital Gains	1,557.97	1,557.97
ST Capital Gains	1,460.60	1,460.60
Other Income		
Credit Interest	3.40	588.70
Total Income	3,647.08	4,032.38
Taxable Income	2,089.11	2,474.41
Other Distributions	1,557.97	1,557.97

Cash Balance Summary

	Cash
Opening Balance	3,158.03
Closing Balance	3.43

Income Activity

Date	Transaction	Quantity	Description	Price	Amount
12/11	L/T CAP GAIN		##LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO L/T CAP GAIN 12/10 RATE PER SHARE: $0.896		$1,557.97
12/11	S/T CAP GAIN		##LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO S/T CAP GAIN 12/10 RATE PER SHARE: $0.840		1,460.60
12/11	REINVESTMENT	137.923	##LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO S/T CAP GAIN REINV 12/10 REINV SHARE PRICE: $10.59		1,460.60-

Statement Continued on Next Page

03.12.99 11:17 FAX 615 591 1047 FRANKLIN FINANCIAL 003

LMFP - FRANKLIN FIN SEC INC TLH [redacted]

Account Statement

LM Financial Partners Inc.
Member NASD/Member SIPC

LM FINANCIAL PARTNERS™

PREFERRED ACCOUNT

Page: 2
Account: [redacted]
Tax-ID:
F.A.:

December 31, 1998

MARY CLEMENT

Income Activity (continued)

Date	Transaction	Quantity	Description	Price	Amount
12/11	REINVESTMENT	147.117	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO L/T CAP GAIN REINV 12/10 REINV SHARE PRICE: $10.59		$1,557.97-
12/16	DIVIDEND		LEGG MASON CASH RESERVE TRUST DIVIDEND 12/15		3.02
12/16	REINVESTMENT	3.020	LEGG MASON CASH RESERVE TRUST DIVIDEND REINVESTMENT 12/15		3.02-
12/16	DIVIDEND		**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND 12/15		622.09
12/16	REINVESTMENT	59.022	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO DIVIDEND REINVESTMENT 12/15 REINV SHARE PRICE: $10.54		622.09-
12/31	INTEREST		INTEREST ON CREDIT BALANCE AT 4.370% 11/28 THRU 12/30		3.40

Other Activity

Date	Transaction	Quantity	Description	Price	Amount
12/07	PURCHASE	3.150	LEGG MASON CASH RESERVE TRUST		$3,150.00-

Portfolio Summary

Securities prices used in your portfolio summary are obtained from outside services and their accuracy cannot be guaranteed. These values are provided as a general guide but in some cases may not reflect the actual market price. If an exact price is needed, contact your Financial Advisor.

Legg Mason Money Market Funds

Shares	Description	Price	Market Value
3,161.020	LEGG MASON CASH RESERVE TRUST 7 DAY YIELD AS OF 12/29: 4.840%	1.00	$3,161.02

Market Value of Legg Mason Money Market Fund $3,161.02
1.7% of Portfolio

Legg Mason Bond Funds

Shares	Description	Price	Market Value
16,572.955	**LEGG MASON INVESTMENT GRADE INCOME PORTFOLIO OPENING SHARES : 16,238.893 PRICE : $10.77 MARKET VALUE: $174,785.18 30 DAY YIELD AS OF 12/29: 5.840%	10.52	$174,347.49

Market Value of Legg Mason Bond Funds $174,347.49
94.8% of Portfolio

Statement Continued on Next Page

LMFP - FRANKLIN FIN SEC, INC TLI[redacted]

Account Statement / 17

LM Financial Partners Inc.
member NASD/SIPC/SPC

LM FINANCIAL PARTNERS

PREFERRED ACCOUNT

Page: 3
Account:
Tax-ID:
F.A.: [redacted]

December 31, 1998

MARY CLEMENT

Portfolio Summary (continued)

Equities

Quantity	Description	Price	Market Value	– Estimated – Annual Income	Current Yield
700	GLOBAL MARINE INC NEW	9.188	96,431.60		
Market Value of Equities 3.5% of Portfolio			96,431.60		

Pending Trades

The trades listed below have been confirmed to you, but will not settle until next month. On your next statement, these trades will be reflected in the Trade Activity Section and will update your Portfolio Summary. If you have any questions, please call your Financial Advisor.

Date	Transaction	Quantity	Description	Price	Amount
01/05	YOU SOLD	700	GLOBAL MARINE INC NEW	8.688	55,910.83

Account Instructions

Investment Objectives

Investment objectives for your account are shown below. If you have any questions concerning these objectives, or wish to change them, please contact your Financial Advisor.

1. Long term growth

Delivery Instructions

Securities in your account will be held by Legg Mason for your benefit.
Cash balances will be held in your account.

* ---------- End of Statement For Account 488-10236 ---------- *

Account Maintained by Legg Mason Wood Walker, Inc. Member SIPC

274 1,553,623 B E H 90 01/02/99; 10:57

LMAL01 CM: 0.00 CY: 0.00 PY: 0.00 OPTN: DISC: HOME: (903)765-0580 BUS:

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 3:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

James E. Clyburn
(Full Name)

1703 Gervais Street
(Mailing Address)

Columbia SC 29201 — Daytime Telephone: 803-799-1100

Filer Status	[X] Member of the U.S. House of Representatives	State: SC District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: James E. Clyburn

DATE (Month/Day/Year): May 13, 1999

Name James E. Clyburn | Page 2 of 8

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	South Carolina Retirement System (This income is not subject to the outside earned income limit.)	Retirement from the State of South Carolina	$50,100.00
	U.S. Dept. of Veterans Affairs	Retirement Income	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Charleston Branch NAACP	Speech	1/13/98	$1,000.00
Smith Funeral Home, Inc.	Speech	4/18/98	$100.00
Greenhill Baptist Church	Speech	5/30/98	$100.00
Woman's Baptist Pee Dee District Convention	Speech	7/20/98	$150.00
African Methodist Episcopal Church, Ninth Episcopal District	Speech	7/23/98	$2,000.00
S.C. Manufacturers Alliance	Speech	8/27/98	$250.00
S.C. Trucking Association	Speech	8/27/98	$250.00
S.C. Highway Users Alliance	Speech	8/27/98	$250.00
S.C. Asphalt Pavement Association	Speech	8/27/98	$250.00
Manufactured Housing Institute of S.C.	Speech	8/27/98	$250.00
S.C. Chamber of Commerce	Speech	8/27/98	$250.00
S.C. Petroleum Council	Speech	8/27/98	$250.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fort Jackson Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	S.C. State Credit Union	$1 - $1,000	Interest	$1 - $200	
	Nations Bank	$1,001 - $15,000	Interest	$1 - $200	
	SCANA Corporation	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Automated Data Processing, Inc.	$1,001 - $15,000	Dividends	$1 - $200	
SP	Nations Bank	$15,001 - $50,000	Dividends	$201 - $1,000	
	645-47 W. Liberty Street, Sumter, SC (50% ownership)	$50,001 - $100,000	Rent	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Nations Bank, Columbia, SC (IRA)	$15,001 - $50,000	IRA	None	
	Merrill Lynch, Columbia, SC (IRA)	$1,001 - $15,000	IRA	None	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Countrywide Funding, Van Nuys, CA	609 Santee Drive, Santee, SC	$100,001 - $250,000
	NBSC Columbia, SC	Mortgage on 645-47 W. Liberty Street, Sumter, SC (50% interest)	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Association of American Railroads	1/15/98 - 1/19/98	Columbia, SC - San Diego, CA - Columbia, SC	Y	Y	Y	n/a
National Newspaper Publishers Association	1/21/98 - 1/24/98	Columbia, SC - Montego Bay, Jamaica - Columbia, SC	Y	Y	N	n/a
Congressional Black Caucus Foundation	1/30/98 - 2/1/98	Washington, DC - Williamsburg, VA - Washington, DC	Y	Y	N	n/a
Lexington-Fayette Urban County Human Rights Commission	4/6/98	Washington, DC - Lexington, KY - Washington, DC	N	Y	N	n/a
Bishop Z. L. Grady AME Church	6/23/98	Washington, DC - Brimingham, AL - Washington, DC	Y	N	N	n/a
Bowie State University	12/20/98	Washington, DC - Bowie, MD - Columbia, SC	N	N	N	n/a

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Allen University
Trustee	Brookgreen Gardens
Council Member	Jaguar Advisory Council on Diversity

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 17 PM 1:08
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(2)

HAND DELIVERED (Office Use Only)

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Daytime Telephone
202 225 3065

Greensboro NC 27409

Filer Status	[X] Member of the U.S. House of Representatives	State: NC District: 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Howard Coble

DATE (Month/Day/Year): 5-17-99

58-073 99 - 25

Name John Howard Coble	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
Columbia University School of Law, New York, NY	Speech	3.30.98	$2,000.00
Kmart Corporation, Troy, MI	Attended anti-drug rally	9.16.98	$500.00

Name John Howard Coble | Page 1 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP 123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
SP 1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
Food Lion Common Stock	$1,001 - $15,000	Dividends	$201 - $1,000	S
Wal Mart Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
Toys R Us Common Stock	$1,001 - $15,000	Dividends	None	S
GTE Common Stock	$1,001 - $15,000	Dividends	$1 - $200	
Lance Common Stock	$1,001 - $15,000	Dividends	$1 - $200	S
RJR Nabisco Common Stock	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Hambrecht & Quist Group Common Stock	$1,001 - $15,000	Dividends	$1 - $200	P
National Oil Wells Common Stock	$1,001 - $15,000	Dividends	None	P
Aim Constellation Mutual Fund	$1,001 - $15,000	Dividends	$1 - $200	
Davis NY Venture Mutual Fund	$1,001 - $15,000	Dividends	$1 - $200	
BB&T Savings Bank Savings Account	$50,001 - $100,000	Interest	$1,001 - $2,500	
BB&T Growth & Income Mutual Fund	$50,001 - $100,000	Dividends	$1 - $200	P
BB&T Balanced Mutual Fund	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Central Carolina Bank Savings Account	$1,001 - $15,000	Interest	$201 - $1,000	
Wright Patman FCU Savings Account	$50,001 - $100,000	Interest	$2,501 - $5,000	
First Union Bank Checking Account	$1,001 - $15,000	Interest	$1 - $200	
First Citizens Bank Savings Account	$15,001 - $50,000	Interest	$1,001 - $2,500	
NationsBank Checking Account	$1,001 - $15,000	Interest	$1 - $200	
Bank of North Carolina Stock Certificate	$1,001 - $15,000	Dividends	$1 - $200	
Jefferson-Pilot Fixed Annuity	$1,001 - $15,000	Dividends	None	
Jefferson-Pilot Variable Annuity #1	$1,001 - $15,000	Dividends	$201 - $1,000	
Allmerica Insurance Annuity	$15,001 - $50,000	Dividends	$2,501 - $5,000	
MassMutual Insurance Annuity	$1,001 - $15,000	Dividends	$1,001 - $2,500	
MassMutual Insurance Annuity	$1,001 - $15,000	Dividends	$201 - $1,000	
General American Insurance Annuity	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	American General (formerly Western National) Insurance Annuity	$1,001 - $15,000	Dividends	$201 - $1,000	
	State Employees Credit Union Savings Acct.	$1,001 - $15,000	Interest	$201 - $1,000	
	Merrill Lynch Cash Management Account	$100,001 - $250,000	Interest	$201 - $1,000	
	Merrill Lynch IRA	$15,001 - $50,000	Dividends	$201 - $1,000	
	First Citizens Bank IRA	$1,001 - $15,000	Dividends	$201 - $1,000	Rolled into Merrill Lynch Cash Management Account
	House and one acre, Blowing Rock, NC	$50,001 - $100,000	NA	None	
	78 acre farm, Henry County, VA	$50,001 - $100,000	NA	None	
	Lexington Savings Bank Cert. of Deposit	$1,001 - $15,000	Interest	$1 - $200	P
	Jefferson-Pilot Variable Annuity #2	$15,001 - $50,000	Dividends	$2,501 - $5,000	P

Name John Howard Coble | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Lance Common Stock	Sold	3.23.98	$1,001 - $15,000
	Toys R Us Common Stock	Sold	3.23.98	$1,001 - $15,000
	Hambrecht & Quist Common Stock	Purchase	3.23.98	$1,001 - $15,000
	National Oil Wells Common Stock	Purchase	4.1.98	$1,001 - $15,000
	Lexington Savings Bank Cert. of Deposit	Purchase	6.8.98	$1,001 - $15,000
	BB&T Balanced Mutual Fund	Purchase	2.1.96	$50,001 - $100,000
	BB&T Growth & Income Mutual Fund	Purchase	2.1.96	$50,001 - $100,000
	Food Lion Common Stock	Sold	11.23.98	$1,001 - $15,000
	First Citizens Bank IRA	Exchange	2.1.98	$1,001 - $15,000
	Jefferson-Pilot Variable Annuity #2	Purchase	9.8.98	$15,001 - $50,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Management & Development Institute	Feb 16-20	Washington-Frankfurt, Germany-Washington	Y	Y	N	None
Columbia University School of Law	Mar 29-31	Washington-New York-Washington	Y	Y	N	None
American Furniture Manufacturers Association	June 11-13	Washington-Ponte Vedra, Fla-Washington	Y	Y	N	None
American Intellectual Property Law Association	June 27-29	Greensboro-San Francisco-Greensboro	Y	Y	N	None
National Music Publishers Association	Jul 18-20	Washington-Los Angeles-Washington	Y	Y	N	None
Einstein Institute for Science, Health and the Courts	Aug 9-11	Greensboro-Orleans, Massachusetts-Greensboro	Y	Y	N	None
Norwegian-American Parliamentary Exchange Program (USIA-approved program)	Aug 16-20	Greensboro-Oslo, Norway-Greensboro	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Member, Board of Visitors	Guilford College, Greensboro, NC
Member, Board of Associates	Greensboro College, Greensboro, NC
Member, Congressional Advisory Board	Congressional Youth Leadership, Washington, DC
Member, National Advisory Board	Jefferson Educational Foundation, Washington, DC
Member, Congressional Board of Advisors	Common Sense, Inc., Stafford, VA
Honorary Chairman	Jefferson Islands Club, Washington, DC
Member, Congressional Advisory Board	India Abroad Center for Political Awareness, Washington, DC
Member, Congressional Board of Advisors	Close Up Foundation, Washington, DC
Member, Steering Committee	The Faith & Politics Institute, Washington, DC

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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(16)

MC

(Office Use Only)

Thomas A Coburn
(Full Name)

5409 Rolling Oaks
(Mailing Address)
Muskogee OK 74401

Daytime Telephone
(918) 687-2533

Filer Status	[X] Member of the U S House of Representatives	State: OK District: 02	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [X] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/17/99

Name Thomas A Coburn	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2xx)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Thomas A Coburn, MD, Inc	Salary - IRA no Cong. pension	$4,000.00
	Thomas A Coburn, MD, Inc	S-Corp Income -Management Fee	$11,824.00
	Muskogee Allergy Clinic	Partnership Income -Injections Only no patient contact	$9,008.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas A Coburn	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the **source, activity** (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	National Grocers Association	First Baptist Church	01/13/98	$100 00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP Mega Corp. Stock SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Note receivable-Jernigan Farms	None	Interest	$5,001 - $15,000	Paid off
	Note receivable-Eliza Miller #1	None	Interest	$2,501 - $5,000	Paid off
	Note receivable-Eliza Miller #2	$50,001 - $100,000	Interest	None	Mortage from land sale
	Congressional FCU	$1,001 - $15,000	Interest	$1 - $200	
	US T-bill 8/13/98	None	Interest	$201 - $1,000	P AND S
SP	US T-bill 8/13/98	None	Interest	$1,001 - $2,500	P AND S
SP	US Treasury note 4/15/00	None	Interest/Capital Gains	$1,001 - $2,500	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	US Treasury note 5/15/04	None	Interest/Capital Gains	$5,001 - $15,000	S
	Territory National Bank	$15,001 - $50,000	Interest	$1,001 - $2,500	
JT	Territory National Bank	$1,001 - $15,000	Interest	$201 - $1,000	
	L M Ericsson Telephone Co	$1,001 - $15,000	Dividends	None	
	Compaq Computer Corp	$1,001 - $15,000	Dividends	$1 - $200	
	Dollar General Corp	$1,001 - $15,000	Dividends	$1 - $200	
	Federated Investors Inc	$1,001 - $15,000	Dividends	$1 - $200	
	Staples Inc	$1,001 - $15,000	Dividends	None	
	99 Cents Only Stores	$1,001 - $15,000	Dividends	None	
	Putnam Capital Appreciation Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	Putnam Tax Free Income Trust	$1,001 - $15,000	Dividends	$201 - $1,000	
	Edward Jones Daily Passport Cash Trust	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Anchor National Life Variable Annuity ***	None	Tax deferred growth	None	
	*** Growth & Income sub account	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	*** Sun High Yeild Bond sub account	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	*** AC Global Equity sub account	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	*** Alliance Growth sub account	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	*** Capital Appreciaiton sub account	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	*** Global Bond sub account	$1,001 - $15,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Putnam Growth & Income Fund	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
SP	Putnam Health Sciences Trust	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
SP	Putnam International New Opportunities Fund	$1,001 - $15,000	Capital Gains and Dividends	None	
SP	Putnam New Opportunities Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	
SP	Putnam New Value fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
SP	Putnam OTC & Emerging Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
SP	Putnam Voayger Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	MFS Multimarket Trust	$1,001 - $15,000	Dividends	$201 - $1,000	
	AMR Corp	$15,001 - $50,000	Dividends	None	p
	Bank One Corp	$15,001 - $50,000	Dividends	$1 - $200	p
	Barrick Gold Corp ADR	$15,001 - $50,000	Dividends	$1 - $200	
	Central Costanera SA	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Helmerich & Payne Inc	$1,001 - $15,000	Dividends	$1 - $200	P
	Newmont Mining Corp	$1,001 - $15,000	Dividends	$1 - $200	
	Placer Dome Inc ADR	$1,001 - $15,000	Dividends	$1 - $200	
	Alliance New Europe Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
	Colonial High Yield Trust Secs	None	Capital Gains and Dividends	$1,001 - $2,500	S
	Paine Webber Government Money fund	$1,001 - $15,000	Dividends	$2,501 - $5,000	
	Call Bank One Corp 299 50	Short	Capital Gains	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Call AMR Corp 299 65	Short	Capital Gains	None	S
	American Gold Eagles	$1,001 - $15,000	Capital Gains	None	
	Mentor Growth Portfolio	$15,001 - $50,000	Capital Gains	$201 - $1,000	
SP	AT&T Corp	None	Capital Gains and Dividends	$1,001 - $2,500	S
SP	Central Costanera SA	$1,001 - $15,000	Dividends	$1,001 - $2,500	
SP	Compaq Computer Corp	None	Capital Gains and Dividends	$5,001 - $15,000	S
SP	Cons Papers	None	Capital Gains and Dividends	$5,001 - $15,000	S
SP	GTE Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Nobel Drilling Corp	$1 - $1,000	Dividends	None	P
SP	OGE Energy Corp	$50,001 - $100,000	Dividends	$2,501 - $5,000	
SP	Oneok Inc New	$15,001 - $50,000	Dividends	$1,001 - $2,500	
SP	Parker Drilling Co	$1,001 - $15,000	Dividends	None	P
SP	Veritas DCG Inc	$1,001 - $15,000	Dividends	None	P
SP	Wash Gas Light Co	$15,001 - $50,000	Dividends	$201 - $1,000	P
SP	Weatherford Intl Inc	$1,001 - $15,000	Dividends	None	P
SP	Waste Mgmt Ind (old)	None	Capital Gains and Dividends	$1,001 - $2,500	S
SP	AMR Corp	None	Capital Gains	$5,001 - $15,000	S
SP	Paine Webber Government Money Fund	$50,001 - $100,000	Dividends	$5,001 - $15,000	
	Put General Electric Co 1298 95	None	Capital Gains	$1,001 - $2,500	P AND S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Ranch land, Muskogee County	None	Rent/Capital Loss	$201 - $1,000	s
	Medical equipment	$15,001 - $50,000	Rent	$1,001 - $2,500	
	Professional Building Partnership	$250,001 - $500,000	Rental Loss	None	
	Plaza Medical Center Partnership	$250,001 - $500,000	Rent	$15,001 - $50,000	
	Muskogee Allergy Clinic Partnership	$15,001 - $50,000	See Schedule I	NA	
	Thomas A Coburn, MD, Inc	$100,001 - $250,000	See Schedule I	NA	
	T&C Construction, Inc	$100,001 - $250,000	S-Corp Loss	None	
	Muskogee Golf, Inc	$250,001 - $500,000	S-Corp Loss	None	
	Eagle Crest Estates, Inc	$50,001 - $100,000	Dividends	None	
	IRA-Edward Jones ***	None	Tax deferred growth	None	
	*** OGE Energy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	p
	*** Oracle Corp	$1,001 - $15,000	Capital Gains	None	p
	*** Wal-Mart Stores Inc	$15,001 - $50,000	Capital Gains and Dividends	$1 - $200	
	*** Van Kampen American Capital Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
	*** Protective Life annuity	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
SP	IRA-Edward Jones ***	None	Tax deferred growth	None	
SP	*** OGE Energy Corp	$1,001 - $15,000	Dividends	$201 - $1,000	p
SP	*** Oracle Corp	$1,001 - $15,000	Capital Gains	None	p
SP	*** Wal-Mart Stores Inc	$15,001 - $50,000	Capital Gains and Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	*** Van Kampen American Capital Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	
SP	*** Protective Life Annuity	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
	IRA-Paine Webber-Money Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	IRA-Paine Webber-Money Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	Profit Sharing Plan-TAC Md, Inc ***	None	Tax deferred growth	None	
	*** Kemper Horizon 20 fund	$50,001 - $100,000	Capital Gains and Dividends	$2,501 - $5,000	
	*** Kemper High Return Fund	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
	*** Kemper Small Cap Value Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
DC	Thomas A Coburn Trust for Sarah J Coburn	$250,001 - $500,000	Capital Gains and Dividends	$5,001 - $15,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Note receveiable-Jernigan Farms	Exchange	05/05/98	$50,001 - $100,000
	Note receivable-Eliza Miller #1	Exchange	03/05/98	$15,001 - $50,000
	Ranch land, Muskogee County	Sold	03/13/98	$50,001 - $100,000
	US T-bill 8/13/98	Purchase	05/07/98	$50,001 - $100,000
	US T-bill 8/13/98	Sold	08/13/98	$50,001 - $100,000
SP	US T-bill 8/13/98	Purchase	05/07/98	$100,001 - $250,000
SP	US T-bill 8/13/98	Sold	07/21/98	$15,001 - $50,000
SP	US T-bill 8/13/98	Sold	07/24/98	$15,001 - $50,000
SP	US T-bill 8/13/98	Sold	08/13/98	$100,001 - $250,000
SP	US Treasury note 4/15/00	Sold	11/27/98	$15,001 - $50,000
SP	US Treasury note 5/15/04	Sold	11/27/98	$50,001 - $100,000
	AMR Corp	Purchase	09/04/98	$15,001 - $50,000
	Bank One Corp	Purchase	09/04/98	$15,001 - $50,000
	Helmerich & Payne Inc	Purchase	08/28/98	$1,001 - $15,000
	Colonial High Yield Trust Secs	Sold	11/09/98	$15,001 - $50,000
	Call Bank One Corp 299 50	Sold	10/20/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Call AMR Corp 299.65	Sold	09/14/98	$1,001 - $15,000
SP	AT&T Corp	Sold	04/30/98	$1,001 - $15,000
SP	Compaq Computer Corp	Sold	04/30/98	$1,001 - $15,000
SP	Cons Papers	Sold	04/30/98	$15,001 - $50,000
SP	Nobel Drilling Corp	Purchase	07/20/98	$15,001 - $50,000
SP	Parker Drilling Co	Purchase	07/23/98	$1,001 - $15,000
SP	Parker Drilling Co	Purchase	08/28/98	$1,001 - $15,000
SP	Veritas DCG Inc	Purchase	07/20/98	$15,001 - $50,000
SP	Wash Gas Light Co	Purchase	07/20/98	$15,001 - $50,000
SP	Weatherford Intl Inc	Purchase	07/20/98	$15,001 - $50,000
SP	Waste Mgmt Ind (old)	Sold	04/30/98	$1,001 - $15,000
SP	AMR Corp	Sold	04/30/98	$15,001 - $50,000
	Put General Electric Co 1298.95	Purchase	07/15/98	$1,001 - $15,000
	Ranch land, Muskogee County	Sold	03/13/98	$50,001 - $100,000
	OGE Energy Corp	Purchase	01/30/98	$1,001 - $15,000
	Oracle Corp	Purchase	01/09/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	OGE Energy Corp	Purchase	01/30/98	$1,001 - $15,000
SP	Oracle Corp	Purchase	01/09/98	$1,001 - $15,000
SP	Iomega Corp	Purchase	02/23/98	$15,001 - $50,000
SP	Iomega Corp	Sold	11/09/98	$15,001 - $50,000

Name Thomas A Coburn	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
University of Oklahoma	2 football season tickets	$250.00

Name Thomas A Coburn | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Prayer Breakfast	04/30/98	DC-Ashboro-Tulsa	N	Y	N	No
Committee on Commerce	7/9/98 to 7/11/98	DC-Germany-Hungary-Bosnia-Yugoslavia	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
President	Thomas A Coburn, MD, Inc
President	T&C Construction, Inc
President	Muskogee Golf, Inc
President	Eagle Crest Estates, Inc
General Partner	Professional Building Partnership
General Partner	Plaza Medical Center Partnership
General Partner	Muskogee Allergy Clinic Partnership
Manager	Maternal & Family Practice Associates, LLC

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
11/09/94	Thomas A Coburn and associate physicians Dr Michael R Butner, Dr Evan D Cole and Dr Timothy W Holder	The Congressman may continue to practice on a very limited basis while at home from Washington in order to preserve his practice. His associates will care for the majority of his patients.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
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(8)

Michael Allen (Mac) Collins
(Full Name)

80 Riverside Court
(Mailing Address)

Hampton, Georgia 30228

Daytime Telephone
202-225-5901

Filer Status	[X] Member of the U.S. House of Representatives	State District Georgia Third	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Allen (Mac) Collins

DATE (Month/Day/Year): May 12, 1999

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Collins Trucking Co., Inc. (family owned business)	advisor	$11,200.00
	Collins Trucking Co., Inc.	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D C	Speech	Feb 2, 1998	$2,000
XYZ Magazine	Article	Aug 13, 1998	$500
K Mart Kids Race Against Drugs	drove lawn tractor	Sept. 16,1998	$ 500.00
Coalition Against Regressive Taxation, Wash.D.C.	speech	Sept. 29,1998	2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Michael A.(Mac) Collins

Page 4 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
SP	SP Mega Corp. Stock					X								X										X								P, S, E
DC	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X									X			X				P
	Cong.Fed.Credit Union			X											X								X									
	Western Reserve (IRA)								NA									NA								NA						
	Collins Trucking Co.,Inc,(Sub-S)									X				X												X						
	McIntosh State Bank				X										X									X								
	Putnam Fund (Mutual Fund)				X									X											X							P
	Jackson Investment Club				X									X											X							P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Michael A.(Mac) Collins

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Jackson Investment Club	X			12-31-98	X									
	Putnam Fund (Mutual Fund)	X			12-31-98	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	McIntosh State Bank,Jackson, GA	Demand Note		X								
	Massey Ferguson Credit Corp.	farm tractor		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Brookings Institution	Jan.17-23	Atl.,GA.-Tokyo-Atl.,GA.	Y	Y	Y	N

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Name Michael A.(Mac) Collins	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Georgia Forestry Association
Advisor	Collins Trucking Co., Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 1:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(6)

LARRY EO COMBEST
(Full Name)

1026 LONGWORTH H.O.B.
(Mailing Address)

WASHINGTON, DC, 20515

Daytime Telephone
202-225-4005

Filer Status	[X] Member of the U.S. House of Representatives	State TEXAS District 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [✓]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [✓]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Larry Combest

DATE (Month/Day/Year): 5-17-1999

Name	LARRY COMBEST	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	BRICKFIELD, BURCHETTE, RITS	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value **exceeding** $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Mega Corp Stock	SP					X								X										X								P
DC	Simon & Schuster				Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts							X									X																
JT	FEDERATED AMERICAN LEADERS - MUTUAL FUND					X												X						X									
JT	TEMPLETON MONEY FUND FRANKLIN-TEMPLETON				X												X	X						X									P
JT	TEMPLETON DEVELOPING MARKETS - CLASS II				X										X			X						X									
JT	TEMPLETON FOREIGN FUND CLASS II					X									X			X							X								P
SP	FEDERATED AMERICAN LEADERS - I.R.A.					X									X			X							X								P
SP	AIM - VALUE FUND I.R.A.				X										X			X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LARRY COMBEST

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	CNL AMERICAN PROPERTIES FUND			X										X								X										P
JT	WRIGHT PATMAN FEDERAL CREDIT UNION SAVINGS				X											X							X									

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SCHEDULE IV — TRANSACTIONS

Name: LARRY COMBEST | Page 5 of 6

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	TEMPLETON FOREIGN FUND - CLASS II	X			REGULAR REINVESTMENT	X									
JT	TEMPLETON MONEY FUND	X			1-1-98	X									
"	" " "	X			2-1-98	X									
"	" " "	X			3-4-98	X									
SP	FEDERATED AMERICAN LEADERS - IRA	X			REGULAR REINVESTMENT	X									
JT	CNL AMERICAN PROPERTIES FUND	X			12-23-98	X									

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Name LARRY COMBEST | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NATIONAL GRAIN & FEED ASSOC.	DEC 5-6 1998	WE WERE IN FT. WORTH. THE ASSOC. PAID SPOUSE FARE TO WASH. D.C.	Y	N	Y	N
	AMERICAN SUGAR ALLIANCE	AUG 9-11 1998	WASH. DC. SUN VALLEY WASH.	Y	Y	Y	6 DAYS

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 17 PM 12:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

MAY 13 1999
(Office Use Only)

Cary A. Condit
(Full Name)

920 16th Street, Suite C
(Mailing Address)

209-527-1914
Daytime Telephone

Modesto, CA 95354

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 18th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Cary Condit

DATE (Month/Day/Year): 5/9/99

Name	Gary A. Condit	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1998	$2 000
	XYZ Magazine	Article	Aug 13, 1998	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (A–L)											Type of Income							Amount of Income (I–XI)											Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP, DC, JT	*Examples*	SP	Mega Corp. Stock					X							X										X							
			Simon & Schuster			Indefinite											X				Royalties								X			
			1st Bank of Paducah, KY accounts						X																	X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gary A. Condit

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name Gary A. Condit

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-98		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Wells Fargo Bank	Credit Line			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:56
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(-1)

Rep. John Conyers, Jr.
(Full Name)
2426 Rayburn House Office Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone
202-225-5126

U.S. MC

Filer Status	[X] Member of the U.S. House of Representatives	State District: Michigan MIR	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment		[ ] Termination	Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Conyers, Jr.

DATE (Month/Day/Year): 5/14/99

812

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Spouse Salary	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John Conyers, Jr.	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NA			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Conyers, Jr

Page 4 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X										X						
	Congressional Credit Union			X												X																
	Congressional Credit (IRA)			X																				NA								

For additional assets and unearned income, use next page.

Name John Conyers Jr | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Comerica Bank (Detroit)	Mortgage on 2727 W. 7 Mile Detroit, Michigan			X							
	American Security (DC)	Personal	X									
	Congressional Credit Union (DC	Personal	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	East Akron Community House	Jan 19-20	Detroit - Akron, OH - Detroit	Y	Y	N	N
	Federal Black Program Council	Feb 7-8	Detroit - Oklahoma City - Chickasaw	Y	Y	N	N
	NAACP - Indianapolis Branch	Feb 13-14	Detroit - Indianapolis - Detroit	Y	Y	N	N
	NOAA Chapter of Blacks in Govt.	Feb 19-20	Detroit - Washington - Detroit	N	N	N	N
	University of Indiana at Bloomington Beaumont alumni Chapter	Feb 23-24	Detroit - Indianapolis - Detroit	Y	N	N	N
	Kappa Alpha Psi Fraternity Durham alumni Chapter	Feb 26 - Mar 1	Washington - Beaumont, TX - Detroit	Y	Y	N	N
	Kappa Alpha Psi Fraternity	Mar 14-13	Detroit - Durham - Detroit	Y	Y	N	N
	Rainbow - PUSH Coalition	Mar. 16	Detroit - Chicago - Washington	N	Y	N	N
	Churches Organized to Stop Tobacco	Mar 23-24	Detroit - Boston - Washington	Y	Y	N	N
	Indiana University - Northwest	Apr. 2-3	Detroit - Gary, IN - Memphis	Y	Y	N	N
	MLK Commemorative Commission	Apr. 3-5	Gary, IN - Memphis - Detroit	Y	Y	N	N
	Lionel and Gladys Hampton Foundation	Apr. 20-21	Detroit - New York - Wash., DC	Y	Y	N	N
	Bethune-Cookman College	Apr. 23-24	Washington - Daytona - Washington	Y	N	N	N
	Center for Democratic Renewal	May 22	Washington - Atlanta - Detroit	N	Y	N	N

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples.	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Franklin H. Williams Judicial Commission on Minorities	July 7	Detroit – Tarrytown, NY – Detroit	N	N	N	N
	Fisk University Race Relations Institute	July 11	Montgomery – Nashville – Jackson MS	Y	Y	N	N
	NAACP	July 13-14	Mound Bayou, MS – Atlanta – Wash. DC	Y	Y	N	N
	Rainbow/PUSH Coalition	Aug 13-14	Detroit – Chicago – Detroit	Y	Y	N	N
	NAACP – Norfolk, VA State Chapter	Nov 21	Detroit – Norfolk – Detroit	N	Y	N	N
	Alabama Chapter, SCLC	Dec 4-5	Detroit – Birmingham – Detroit	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Merrill Alonzo Cook
(Full Name)

631 16th Avenue
(Mailing Address)

Daytime Telephone
801-524-1194

Salt Lake City UT 84103

MC INSIDE MAIL
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State UT District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule I

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes [ ] No [X]
If yes, complete and attach Schedule II.

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes [ ] No [X]
If yes, complete and attach Schedule VII.

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX Did you have any reportable agreement or arrangement with an outside entity? Yes [X] No [ ]
If yes, complete and attach Schedule IX

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL DATE (Month/Day/Year)

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Onlario County Board of Education	Spouse Salary	NA
	Cook Associates, Inc	Consulting Fee	$6,650.00
	Cook Associates, Inc	Spouse Professional Service Fee	$2,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the **source**, **activity** (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cook Associates	$1,000,001 - $5,000,000	Share of Corporate Earnings	None	NA
	Zions/Pershing Fed Home Loan Bank	None	Interest	$2,501 - $5,000	s
	Zions Pershing IRA	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
SP	Zions Pershing IRA	$15,001 - $50,000	Interest	$2,501 - $5,000	NA
	Zions Money Market & Checking Acct	$1,001 - $15,000	Interest	$1 - $200	NA
	Zions/Pershing Alliance Money Reserves	$50,001 - $100,000	Interest	$2,501 - $5,000	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Zions/Pershing Fed Home Loan Bank	Sold	1-26-98	$100,001 - $250,000

Name: Merrill Alonzo Cook	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child (amount) owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Zions/Pershing Fed Home Loan Bank	Margin Acct Against Federal Home Loan Bank Bonds (amount owed at end of the year was $0)	$15,001 - $50,000

Name Merrill Alonzo Cook	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Owner, Consultant	Cook Associates, Inc

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/98	Cook Associates, Inc. and Merrill Cook	Consulting agreement not to exceed $20,505/year

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
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99 MAY 13 PM 1:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Merrill Alonzo Cook
(Full Name)

631 16th Avenue
(Mailing Address)

Salt Lake City UT 84103

Daytime Telephone
801-524-4394

Filer Status	[X] Member of the U.S. House of Representatives	State UT District 02	[ ] Officer or Employee	Employing Office	
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

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IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX** Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Merrill Cook

DATE (Month/Day/Year): 5/13/99

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Cook Associates, Inc	Consulting Fee	$6,650.00
	Cook Associates, Inc	Spouse Professional Service Fee	$2,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Cook Associates	$1,000,001 - $5,000,000	Share of Corporate Earnings	None	NA
	Zions/Pershing Fed Home Loan Bank	None	Interest	$2,501 - $5,000	S
	Zions Pershing IRA	$100,001 - $250,000	Interest	$5,001 - $15,000	NA
SP	Zions Pershing IRA	$15,001 - $50,000	Interest	$2,501 - $5,000	NA
	Zions Money Market & Checking Acct	$1,001 - $15,000	Interest	$1 - $200	NA
	Zions/Pershing Alliance Money Reserves	$50,001 - $100,000	Interest	$2,501 - $5,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1996	$15,001 - $50,000
	Zions/Pershing Fed Home Loan Bank	Sold	1-26-98	$100,001 - $250,000
	Zions/Pershing Alliance Money Reserve	Purchase	1-26-98	$50,001 - $100,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child
amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed spouse, or the child, parent, or sibling of you or your spouse Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Zions/Pershing Fed Home Loan Bank	Margin Acct Against Federal Home Loan Bank Bonds (amount owed at end of the year was $0.)	$15,001 - $50,000

Name Merrill Alonzo Cook	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Owner, Consultant	Cook Associates, Inc

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1/98	Cook Associates, Inc. and Merrill Cook	Consulting agreement not to exceed $20,505/year

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

John Charles Cooksey
(Full Name)

1310 North 19th Street
(Mailing Address)

Monroe, LA 71201

Daytime Telephone Ron W. Stewart
(318) 388-3108

Filer Status	[X] Member of the U S House of Representatives	State LA District 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. This Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Charles Cooksey

DATE (Month/Day/Year): 5/14/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
John Cooksey, M.D. & Priscilla Perry, M.D. A Medical Corporation, Monroe, LA	Auto Fringe (Form W-2)	862
Hibernia Corporation, New Orleans, LA	Deferred Director's Fee	417*
First National Bank of Commerce Trust Dept., Trustee for John Cooksey & Priscilla Perry, M.D., (A Medical Corporation) 401(K) Profit Sharing Plan & Trust	401(K) Plan Distribution	210,000**

* This amount represents 2% interest credited to a deferred compensation account. See Schedule IX - Agreements.

** This income is not subject to the outside earned income limit.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	Not Applicable	N/A	N/A	N/A

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Name John Charles Cooksey | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP	*Examples* Mega Corp. Stock					X								X																		
DC	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X																
	Hibernia Bank, Monroe, LA Accounts			X													X						X									
	Caldwell Holding Company Stock				X									X									X									
	First Commerce Corporation	X												X				X												X		S
	JBI Financial Corporation Stock	X																X							X							S
	Hibernia Corporation Class A Stock			X										X								X										
	J. Cooksey, M.D. & Priscilla Perry, M.D., A Medical Corp.								X					X							X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: John Charles Cooksey

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E, P
	Caldwell Broadcasting Ltd. Partners					X													Partnership			X											
	Hallwood Energy Partners, L.P.			X															Partnership			X											
SP	Big Spenders Investment Club			X															Partnership				X										
	P & S Surgery Center, LLC 1310 N. 19th St, Monroe, LA					X													Partnership					X									P
	Medical Office & Equipment								X						X													X (Gross)				
	Working Interest in four oil & gas wells, Franklin Parish, LA			X																Working Interest								X (Net)				
	304 Acre Farm, Caldwell Parish, Including Timber, Improvements, Equipment and Livestock							X												Farm	X (Net)							X (Gross)				
	Bank One Custodian (IRA)				X									X		X	X							N/A			IRA					
SP	Bank One Custodian (IRA)				X									X		X	X							N/A			IRA					
	Bank One Trust Dept. Trustee for John Cooksey & Priscilla Perry, M.D. (A-Medical-Corporation) 401(K) Profit Sharing Plan & Trust									X				X		X	X				N/A	–	Retirement					Account				
SP	Bank One, Monroe, LA Accts.				X											X						X										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Moga Corporation Common Stock	X			10-12-98		X								
	P & S Surgery Center, LLC Stock	X			10-28-98			X							
	First Commerce Corporation Stock		X		1-27-98				X						
	JBI Financial Corporation Stock		X		12-29-98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Hibernia National Bank, New Orleans, LA	Line of Credit					X					
	Hibernia National Bank, New Orleans, LA	Secured by Stock of First Commerce Corporation				X	(Paid off in January 1998)					
	Central Bank, Monroe, LA	Line of Credit				X	(Paid off in February 1998)					
	Earl B. Williams, Monroe, LA	Mortgage on N. 19th Street Real Estate, Monroe, LA		X	(Paid	off	April 1998)					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
Not Applicable	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Not Applicable	N/A	N/A	N/A	N/A	N/A	N/A

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Director/Shareholder	J. Cooksey, M.D. & Priscilla Perry, M.D., A Medical Corporation
City Advisory Director	Hibernia Corporation (No Compensation after 1996)
Limited Partner	Caldwell Broadcasting Ltd. Partners
Limited Partner	Hallwood Energy Partners, L.P.
Courtesy Staff	Glenwood Regional Medical Center
Clinical Professor of Opthalmology	LSU School of Medicine, Shreveport and New Orleans

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1989 To 1996	John C. Cooksey & Hibernia Corporation	"Deferred compensation plan for outside directors of Hibernia Corporation and its Subsidiaries" providing for deferral by non-employee director of annual fees for attendance at meetings of city or Advisory Boards and compensation payable to members of City or Advisory Boards who are not full-time Employees.

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Courtesy Staff	St. Francis Medical Center
Teaching & Active Staff	E. A. Conway Memorial Hospital
Courtesy Staff & Visiting Lecturer	Johns Hopkins
Active Staff	Ashley Memorial Hospital

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	(See Previous Page)	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 PM 4:25
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
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(Office Use Only)

(6)

Terry F. Costello
(Full Name)

Wm. B. Schaltenbrand - Accountant
(618) 398-4173
(Daytime Telephone)

629 Garden Blvd.
Belleville, IL 62220
(Mailing Address)

Filer Status	[X] Member of the U.S. House of Representatives — State IL District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: I. Terry F. Costello

DATE (Month/Day/Year): 5/5/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Belleville PS District 118	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

SP	SP	Mega Corp Stock
DC	*Examples*	Simon & Schuster
JT		1st Bank of Paducah, KY accounts

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction
	Indefinite																			Royalties												
	West Pointe Bancorp., Inc. - Stock - IRA				X									X							NA	-	IRA									P
SP	West Pointe Bancorp., Inc. - Stock - IRA				X									X							NA	-	IRA									S
	Putnam International - New Opportunities Fund - Cl. A - IRA			X										X							NA	-	IRA									E
SP	Putnam International - New Opportunities Fund - Cl. A - IRA			X										X							NA	-	IRA									P
	Inter Tel, Inc. - Stock - IRA			X										X							NA	-	IRA									
SP	Inter Tel, Inc. - Stock - IRA			X										X							NA	-	IRA									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JERRY F. COSTELLO

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
	State of Illinois	D X	Illinois Retirement	I X	
SP	State of Illinois	D X	Illinois Teachers' Retirement	I X	
	Congressional Federal Credit Union	B X	E X	D X	
JT	Union Planters Bank	D X	A X	D X	P
JT	Intercept, Inc.	D X	A X	D X	P
	Rental House -				
	121 Christine Dr.				
	Belleville, IL 62221	E X	B X	E X	

SCHEDULE IV — TRANSACTIONS

Name JERRY F. COSTELLO | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	Inter Tel, Inc. - Stock	X			3-17-98	X									
JT	Regent Group, Inc. - Stock			X	7-1-98	X									
JT	Union Planters Bank - Stock			X	7-1-98	X									
*	Exchanged for Union Planters Bank Stock														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Name JERRY F. COSTELLO | Page 6 of 6

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	West Pointe Bank & Trust Co.	Mortgage on 121 Christine Dr., Belleville, IL		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 AM 8:56
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

William J. Coyne
(Full Name)

2455 Rayburn HOB
(Mailing Address)

Washington, D.D. 20515

Daytime Telephone
202-225-2301

Filer Status	[X] Member of the U.S House of Representatives	State: PA District: 14th	[ ] Officer or Employee	Employing Office.
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William J Coyne **DATE** (Month/Day/Year) 5/12/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William J. Coyne	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	E P, S, P, E
SP, DC, JT	*Examples*																														
SP	Mega Corp. Stock					X								X																	P
	Simon & Schuster			Indefinite																Royalties											
	1st Bank of Paducah KY accounts						X									X												X			
	Pittsburgh National					X										X								X							
	Wright Patman Federal Credit Union							X								X									X						
	Dollar Savings Bank					X										X								X							
	U.S. Treasury Note				X									X		X							X								

For additional assets and unearned income, use next page.

Name William J. Coyne | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–98		X								

This page may be copied if more space is required.

Name William J. Coyne | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust
Board Member	Duquesne University Beard Center for Leadership in Ethics
	Advisory Board

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

(3)

99 MAY 17 PM 4:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Robert L. Cramer, Jr.
(Full Name)

417 Lustis Avenue
Huntsville, AL 35801
(Mailing Address)

Daytime Telephone 202-225-4801

Filer Status	[X] Member of the U.S. House of Representatives	State Alabama District #5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Cramer

DATE (Month/Day/Year): May 17, 1999

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert L. Clemens, Jr.

Page 3 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP/DC/JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, or E
SP																																
DC	*Examples*			Indefinite																Royalties												
JT																																
	SP Mega Corp. Stock					X								X																		
	Simon & Schuster																												X			
	1st Bank of Paducah, KY accounts						X									X										X						
	Easy Street Investment Co. (Huntsville, AL 1 share)			X													X							X								
	AL State Employees Deferred Income Acct. (Nationwide Fixed Annuity Massachusetts Fixed Annuity)				X												X							X								
	1212 Locust Ave, Hvl, AL						X								X									X								

For additional assets and unearned income, use next page.

Name	Robert L. Cramer, Jr	Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	SouthTrust, Mortgage (huntsville, AL)	Mortgage on 1212 Locust			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nuclear Energy Institute	11/20-27	Washington-France France-Washington	Y	Y	N	N
	National Children's Alliance	1/31-2/1	Huntsville-SanDiego San Diego - Huntsville	Y	Y	N	N
	National Children's Alliance	3/29-30	Wash, DC - NY - Wash, DC	Y	Y	N	N

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58-073 99 - 28

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member (unpaid) ~~Honorary Board Member~~	National Center for Missing and Exploited Children, Arlington, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

(7) 99 MAY 27 AM 11:17

Philip Miller Crane
(Full Name)

233 Cannon House Office Building
(Mailing Address)

Daytime Telephone

Washington, D.C. 20515-1308 202-225-3711

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Philip M. Crane DATE (Month/Day/Year) 5/25/99

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Philip Miller Crane

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*					X								X										X								P
SP	Mega Corp Stock																															
SP	Simon & Schuster			Indefinite																Royalities												
SP	1st Bank of Paducah, KY accounts						X									X									X			X				
	Congressional Credit Union				X											X								X								
SP	First Union Bank Account							X								X										X						
	TIAA/CREF (Retirement)				X											X							X									
	American Capital IRA				X									X										X								
	Vanguard SEP-IRA							X						X													X					
	continued																X											X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Philip Miller Crane

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Coin Collection					X															X											
	New England Fund	X												X								X										S
	Putnam Income Fund						X							X												X						
	Putnam Insured Fund						X							X												X						
	Nuveen Quality Fund					X								X												X						
	Nuveen Municipal Fund					X								X							X											
	MFS Municipal Trust				X									X											X							
	Fountain County, IN, Farm				X															Farm Income						X						
	Bay Oaks Development Corp							X													X											
	-interest in 400 acres of																															
	development property in																															
	McHenry, IL																															
	Bay View Development Corp						X														X											
	-interest in 130 acres of																															
	development property in																															
	McHenry, IL																															
	Hartford Annuity					X														Annuity						X						
	Rental Property					X									X									X								P
	=1205 Howard Ave.,																															
	Nashville, TN																															

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SCHEDULE IV — TRANSACTIONS

Name: Philip Miller Crane

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Rental property: 1205 Howard Ave., Nashville, Tn.	X						X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Norwest Mortgage Co.	1205 Howard Ave, Mortgage on Nashville, Tn			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Citizens Tax Committee	Apr. 3-16	D.C. - Phoenix - D.C.	Y	Y	Y	12 days
	Western Regional Council	Nov. 10-17	D.C. - Phoenix - D.C.	Y	Y	Y	7 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization; partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Delaware
Nat'l Steering Committee	Friends of the Milton and Rose D. Friedman Foundation, Indiana
Board of Trustees	Association of American Chambers of Commerce in Latin America, Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 PM 1:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(5)

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Joseph F. Crowley
(Full Name)

76-24 Kneeland Avenue
Elmhurst NY 11373
(Mailing Address)

Daytime Telephone
202 225 3965

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule I

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule II

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? — Yes [ ] No [X]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/14/99

870

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Joseph Crowley New York State Assembly	Salary	$66,500.00
	Kasey Crowley Lenox Hill Hospital	Salary	$40,824.39
	Kasey Crowley University Hospital Denver, CO	Salary	$6,474.88

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples* SP 123 Main St., Dover, Del. / 1st Bank of Paducah, KY accounts / Mega Corp. Stock	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	4 Farley Drive, Renselaer, NY 12144	$50,001 - $100,000	Rent	$5,001 - $15,000	NA
	Crowley Travel	$15,001 - $50,000	Dividends	$1 - $200	
SP	Kasey Crowley IRA	$15,001 - $50,000	Retirement IRA	None	NA
SP	Kasey Crowley 403 B Retirement Account Equitable	$15,001 - $50,000	Retirement Plan	None	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Sale of Ownership in Crowley Travel	Sold	12/19/98	$15,001 - $50,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President terminated 12/31/98	Crowley, Travel, Inc. 86-54 Grand Avenue, Elmhurst, NY 11373

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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8

BARBARA CUBIN
(Full Name)

1600 N. OAK #1805
(Mailing Address)

202-225-2311
Daytime Telephone

ARLINGTON, VA. 22209

Filer Status: [X] Member of the U.S. House of Representatives — State: WY District: AT LARGE — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 17) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Barbara Cubin

DATE (Month/Day/Year): 5-12-99

Name	Page 2 of 5
BARBARA (CUBIN)	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$0,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	FRED. W. CUBIN, M.D.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name BARBARA QUBIN | Page 5 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset (Block B)	Type of Income (Block C)	Amount of Income (Block D)	Transaction (Block E)
SP, DC, JT	*Examples:*	SP	Mega Corp. Stock			P
			Indefinite	Royalties		
			1st Bank of Paducah, KY accounts			
IRA	SMITH BARNEY MONEY FUND		$15,001 – $50,000	INTEREST	$1 – $200	
"	GLAXO		$1,001 – $15,000	DIVIDENDS	$1 – $200	
"	INV. CO. OF AMERICA		$1,001 – $15,000	DIVIDENDS	$201 – $1,000	
"	LEGACY ANNUITY		$15,001 – $50,000	DIVIDENDS; EXCEPTED TRUST	$201 – $1,000	
"	SB GROWTH FUND	X	$1,001 – $15,000		$1 – $200	S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BARGAIN [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
IRA	SB TOTAL RETURN FUND			X										X			X					X										
"	CONCERT FUND	X												X			X				X											
"	US OFFICE PRODUCTS	X																														
"	TRINET CORP.	X												X							X											
"	USX MARATHON		X														X				X											
"	IDENTIX			X													X				X											
"	CASCADE INT'L		X											X							X											
"	INCOME FUND OF AM		X											X									X									
	HALLIBURTON			X										X								X										
	MONSANTO			X										X								X										
	PFIZER			X										X								X										
	CASPER MTN LAND					X															X											
	GARFIELD PERK LAND						X														X											
	STATE ST MUTUAL FUND				X									X									X									
	NW BANK SVNG NOTE				X											X							X									
	THRIFT SAVINGS PLAN					X								X							X											
	US HOUSE CREDIT UN.			X												X						X										

SAV. U.

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SCHEDULE IV — TRANSACTIONS

Name [illegible] | Page 5 of 5

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	SB GROWTH FUND		X		8-21-98	X									
	"		X		8-4-98	X									
	"		X		5-1-98	X									
	SB CONCERT FUND		X		5-1-98	X									
	"		X		7-15-98	X									
	"		X		8-4-98	X									
	US OFFICE PRODUCTS		X		7-10-98	X									
	TRINET		X		5-1-98	X									
	HALLIBURTON	X			7-30-98	X									
	"	X			9-2-98	X									
	MONSANTO	X			11-2-98	X									
	PFIZER	X			5-1-98	X									

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Name	Page	of
[illegible]		

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
		N/A										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	N/A	

Use additional sheets if more space is required.

Name	Page of
[illegible]	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
			N/A				

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Name	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-185 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A

For use by Members, officers, and employees

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OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

(9)

ELIJAH E. CUMMINGS
(Full Name)

2014 MADISON AVENUE
BALTIMORE, MD 21217
Mailing Address

(410) 367-1900
Daytime Telephone

(202) 225-4741

MAY 17 1999
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MD District 7TH	[ ] Officer or Employee	Employing Office	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or between the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies or wilfully knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. App. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Elijah E. Cummings

DATE (Month-Day-Year): 5-15-99

Name ELIJAH E. CUMMINGS | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Onlano County Board of Education	Spouse Salary	NA
	BALTIMORE COUNTY, MD, SCHOOLS	SPOUSE SALARY	$61,632

For payments to charity in lieu of honoraria, use Schedule II.

Name ELIJAH E. CUMMINGS Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY 1998 CALENDAR YEAR

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
METROPOLITAN UNITED METHODIST MEN	SPEECH	5/27/98	$200
NORIAH AME CHURCH	SPEECH	10/25/98	$75

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Name Elijah E. Cummings | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source		BLOCK B Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST*	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP, DC, JT	Examples	SP																															
			Mega Corp. Stock				X								X																		
			Simon & Schuster			Indefinite															Royalties												
			1st Bank of Paducah, KY accounts					X									X									X							
	2014 Madison Ave, Bal						X									X							X				X						
JT	5809 Leithwick, Bal						X																										
	2225 St. Paul St., Bal						X											X								X							
	Elijah E. Cummings, PA		X																				X										

PER HOUSE RULES, CONTINUED LEGAL EXIST. FOR RESOLVING CLAIMS, ONLY

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ELIJAH E. CUMMINGS

Page 59 of 59

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, M
SP	First Financial FCU			X												X						X	X									
SP	John Alden Life Ins		X													X																
SP	Kemper Mutual Funds		X											X								X	X									
SP	Chubb Life Ins. Act		X											X								X										
SP	Pioneer II Fund			X										X										X								
SP	Pioneer Cap. Growth F			X										X										X								
SP	Western Reserve Life		X													X						X										
SP	Lincoln Life Ins.					X								X											X							
	Legg Mason Money Market Fund		X											X								X	X									
	Alger Fund			X										X								X	X									
	Jefferson Pilot Life Ins. Policy					X								X											X							
	The Prudential Life Ins. Policy					X								X											X							

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SCHEDULE IV — TRANSACTIONS

Name ELIJAH. E. CUMMINGS Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	INSTALLMENT SALE OF 2225 ST. PAUL ST., BALT., MD. [SEE, SCHEDULES III & V AND 5/96 REPORT		X		ONGOING	X									

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888

Name ELIJAH E. CUMMINGS | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	U.S. INTERNAL REV. SERVICE	BUSINESS TAX		X	[PAID IN FULL ON OR BEFORE 3/1/99]							
	IDEAL SAVINGS & LOAN, BALT.	MORTGAGE: 2225 ST. PAUL ST.		X								
	CENLAND FED. S. BANK TRENTON, NJ	MORTGAGE: 2014 MADISON AVE			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives; gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name ELIJAH E. CUMMINGS | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NIKE, INC.	1/14-15	BALT/WASH - PORTLAND OREGON - RET.	Y	Y	N	N
	CHILD WELFARE LEAGUE	7/5-7	BALT/WASH - CHARLESTON S.C. - RET	Y	Y	N	N
	BERMUDA INDUSTRIAL Union	9/4-5	BALT/WASH - HAMILTON BERMUDA - RET	Y	Y	N	N
	AMALGAMATED TRANSIT UNION	9/29-30	BALT/WASH - CHICAGO ILL - RET	Y	Y	N	N
	NATIONAL FEDERATION OF FEDERAL EMPLOYEES	9/2-3	BALT/WASH - NEW ORLEANS LA - RET	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	EUBIE BLAKE CULTURAL CENTER, BALT., MD
DIRECTOR	BALTIMORE ZOOLOGICAL SOCIETY, BALT., MD
DIRECTOR	LEARNING TO LEAD, INC., BALT., MD
MEMBER	UNIV. OF MD SCHOOL OF LAW'S BOARD OF VISITORS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

GPO 1999 55-195 (mrc)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 2:02
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(6)

MC

(Office Use Only)

Randy "Duke" Cunningham
(Full Name)

2238 Rayburn House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-5452

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 51	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" Income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: Randy "Duke" Cunningham

DATE (Month/Day/Year): 5/17/99

Name Randy "Duke" Cunningham | **Page** 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Encinitas Union School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name: Randy "Duke" Cunningham	Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT	*Examples:* SP, Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Top Gun Enterprises - Sole Share Holder	$250,001 - $500,000	Capital Gains and Dividends	$5,001 - $15,000	
	Mission Valley Federal Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	
	Union Bank - Miramar - Checking	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank - Miramar - Checking	$1,001 - $15,000	Interest	$1,001 - $2,500	
SP	Union Bank - Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	
	Union Bank - Miramar - IRA	$15,001 - $50,000	Interest	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Congressional Federal Credit Union - Checking	$1 - $1,000	Interest	$1 - $200	
JT	Congressional Federal Credit Union - Savings	$1,001 - $15,000	Interest	$1 - $200	
DC	Union Bank - Miramar - Savings	$1,001 - $15,000	Interest	$1 - $200	
DC	Union Bank - Miramar - Savings	$1,001 - $15,000	Interest	$1 - $200	
	Note secured by Deed of Trust located at Elsworth/parcel #386-410-28, debtor Calvin Goad	$50,001 - $100,000	Interest	$2,501 - $5,000	
JT	580 Camino de la Reina #229, San Diego, CA	$100,001 - $250,000	Rent	$5,001 - $15,000	

Name Randy "Duke" Cunningham	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	580 Camino De La Reina #229, San Diego, CA	Sold	11/1/98	$100,001 - $250,000

Name Randy "Duke" Cunningham	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
National Security Caucus Foundation	4/13/98-4/19/98	San Diego - Dhaka, Bangladesh - San Diego	Y	N	N	NA

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 19 AM 12:18

(9)

U.S. HOUSE OF REPRESENTATIVES
RECEIVED
(Office Use Only)

Pat Danner
(Full Name)

2262 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

202-225-7041
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 06	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001). May 18, 1999

SIGNATURE OF REPORTING INDIVIDUAL: Pat Danner

DATE (Month/Day/Year): 5/14/99

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AETNA (Spouse--Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	10,065.13

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block B: A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP.	Examples	SP	Mega Corp. Stock					X							X										X								P
DC.			Simon & Schuster			Indefinite															Royalties									X			
JT			1st Bank of Paducah, KY accounts						X								X									X							
JT			Prairie View Car Wash 6550 NW Prairie View Rd Kansas City, MO							X								Profits								X							
JT			Autowash #12, 2610 N.E. 60th Street Gladstone, MO							X								Profits								X							
JT			Cedarwoods Apts. 206-215 W. Main Smithville, MO								X					X											X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Meadowbrook Highlands Lot 5, N.Antioch Rd Gladstone, MO			X																	X											
JT	Briarcliff Pt. Partners 209 NE 40th Terrace, Kansas City						X								X										X							
JT	Ventures North, Inc. I-35 & N. Brighton, KC						X								X										X							
JT	Macon Co. Farm (40 acres) Macon, MO				X												Farm Income								X							
JT	Carroll Co. Farm (250 acres) Hale, MO					X											Farm Income							X								
SP	Members America Credit Union IRA							X								X									N/A							
JT	Members America Credit Union IRA			X												X							X									
SP	Edward D. Jones Money Market Acct.							X								X									N/A							
SP	AHM (Management Co) LLC			X													Profits									X						
SP	Brookshire II LLC (Subdivision)						X										X								X							

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Mid East Oil (Partial gas well)				X									X											X							
JT	MPRE LLC						X								X												X					
SP	NKCM LLC						X								X						X											
JT	Antioch Car Wash Kansas City, MO						X										Profits								X							
SP	SDRE LLC					X									X												X					
JT	STOR LLC						X								X						X											
JT	Flint Hills, LLC					X									X												X					
SP	OMMP LLC						X								X						X											
JT	Grand River Partners Farm--Bedford, MO					X											Farm Income								X							S
JT	Barclay Place Development, Barry Rd. & Troost, KC, MO				X																X											
JT	Duplex, 5403 N. Washington KC, MO					X									X							X										S

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Briarcliff Points Apts.				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Ventures North Apts.				X						
JT	Platte Valley Bank of Smithville	Deed of Trust on Cedarwood Apts.					X					
JT	Hillcrest Bank of Kansas City (1/4 interest)	Deed of Trust on NKCM LLC Motel						X				
JT	Platte Valley Bank-Smithville, MO (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

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SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Liberty Savings Bank, Liberty, MO	Deed of Trust on Stor-All LLC					X					
SP	Hillcrest Bank of Kansas City	Deed of Trust CMMP , LLC					X					
JT	Platte Valley Bank of Smithville (1/2 Interest)	Deed of Trust on Autowash #12				X						
JT	MO First National Bank of Brookfield	Deed of Trust on Antioch Car Wash				X						
JT	Cameron Savings & Loan, Cameron, MO (1/2 interest)	Deed of Trust on Carroll County Farm			X							

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Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Pat Danner

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Grand River Partners Farm, Bedford, MO		X		2/15/98		X								
JT	Duplex--5403 N. Washington Kansas City, MO (1/3 owner)		X		1/5/98	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Crop Protection Assn.	Sept. 26-28, 1988	Wash DC - West Virginia and Return	Y	Y	Y	2 days

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HAND DELIVERED

PAT DANNER
6TH DISTRICT, MISSOURI
COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
SURFACE TRANSPORTATION
AVIATION
COMMITTEE ON INTERNATIONAL RELATIONS
SUBCOMMITTEE
INTERNATIONAL ECONOMIC POLICY AND TRADE

Congress of the United States
House of Representatives
Washington, DC 20515–2506

WASHINGTON OFFICE
1207 LONGWORTH BUILDING
WASHINGTON, DC 20515
(202) 225-7041
FAX (202) 225-8221

DISTRICT OFFICES
U.S. POST OFFICE, ROOM 330
201 SOUTH 8TH STREET
ST. JOSEPH, MO 64501-2240
(816) 233-9818
FAX (816) 233-5866

5754 NORTH BROADWAY
BUILDING 3, SUITE 2
KANSAS CITY, MO 64118-3998
(816) 455-2256
FAX (816) 455-2153

May 27, 1999

Honorable Jeff Trandahl
Clerk
U. S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D. C. 20515

(10)

MC

Dear Jeff:

Attached you will find a xerox copy of my Financial Disclosure Statement for 1998. I would like to amend this statement to provide more specificity to Schedule III "Assets and "Unearned" Income as follows:

Item 6 STOR LLC (Page 5 of 9)
The correct name of this is Stor-All LLC. This is storage property located on Macon Street, North Kansas City, MO which was constructed in 1998.

Item 7 Flint Hills, LLC (Page 5 of 9)
This is partial interest in Flint Hills Mall, a shopping center located in Emporia, Kansas which was acquired in 1998.

Item 8 CCMP LLC (Page 5 of 9)
This is a vacant lot located on North Oak Trafficway, Kansas City, MO, which was acquired in 1998. This vacant lot has rental income because a local automobile dealership is renting this property to park some of their inventory on.

Item 9 Grand River Partners Farm, Bedford, MO (Page 5 of 9)
This should reflect a "year-end" value asset of "NONE" because the property was sold on February 15, 1998 as indicated on page 8 of 9 of this report.

Item 11 Duplex, 5403 N. Washington, KC, MO (Page 5 of 9)
This should reflect a "year-end" value asset of "NONE" because the property was sold on February 15, 1998 as indicated on page 8 of 9 of this report.

Should you have any questions in this regard, please do not hesitate to contact me at 225-7041. Thank you for your attention.

Best regards,

Pat Danner
Member of Congress

PD:chm
Enclosure

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

Pat Danner
(Full Name)

2262 Rayburn Building
Washington, D. C. 20515
(Mailing Address)

202-225-7041
Daytime Telephone

99 MAY 27 1:2:51

Hand delivered 5-19

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[XX] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001). May 18, 1999

SIGNATURE OF REPORTING INDIVIDUAL: Pat Danner

DATE (Month/Day/Year): 5/19/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	AETNA (Spouse--Annuity)	TWA Retirement	N/A
	State of Missouri	Legislative Pension	10,065.13

For payments to charity in lieu of honoraria, use Schedule II.

Name: Pat Danner

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: SP Mega Corp Stock					X								X										X								P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X							
JT	Prairie View Car Wash 6550 NW Prairie View Rd Kansas City, MO							X									Profits								X							
JT	Autowash #12, 2610 N.E. 60th Street Gladstone, MO							X									Profits								X							
JT	Cedarwoods Apts. 206-215 W. Main Smithville, MO								X						X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

Page 4 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Meadowbrook Highlands Lot 5, N.Antioch Rd Gladstone, MO			X																	X										
JT	Briarcliff Pl. Partners 209 NE 40th Terrace, Kansas City						X								X										X						
JT	Ventures North, Inc. I-35 & N. Brighton, KC						X								X										X						
JT	Macon Co. Farm (40 acres) Macon, MO				X												Farm Income								X						
JT	Carroll Co. Farm (250 acres) Hale, MO					X											Farm Income							X							
SP	Members America Credit Union IRA							X								X									N/A						
JT	Members America Credit Union IRA			X												X							X								
SP	Edward D. Jones Money Market Acct.							X								X									N/A						
SP	AIM (Management Co) LLC			X													Profits									X					
SP	Brookshire II LLC (Subdivision)						X										X								X						

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Pat Danner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Mid East Oil				X									X											X							
	(Partial gas well)																															
JT	MPRE LLC						X								X												X					
SP	NKCM LLC						X								X						X											
JT	Antioch Car Wash						X										Profits								X							
	Kansas City, MO																															
SP	SDRE LLC					X									X												X					
JT	STOR LLC NAC						X								X						X											
JT	Flint Hills, LLC					X									X												X					
SP	OMMP LLC 2/3 Vacant						X								X						X											
JT	Grand River Partners					X											Farm Income								X							S
	Farm--Bedford, MO																															
JT	Barclay Place Development, Barry Rd. &				X																X											
	Troost, KC, MO																															
JT	Duplex, 5403 N. Washington					X									X							X										S
	KC, MO																															

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Name	Pat Danner	Page 6 of 9

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Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Briarcliff Points Apts.				X						
JT	Liberty Savings Bank (1/4 interest)	Deed of Trust on Ventures North Apts.				X						
JT	Platte Valley Bank of Smithville	Deed of Trust on Cedarwood Apts.					X					
JT	Hillcrest Bank of Kansas City (1/4 interest)	Deed of Trust on NKCM LLC Motel						X				
JT	Platte Valley Bank-Smithville, MO (1/2 interest)	Deed of Trust on Prairie View Car Wash			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

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Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Pat Danner

SCHEDULE V — LIABILITIES

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	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Liberty Savings Bank, Liberty, MO	Deed of Trust on Stor-All LLC					X					
SP	Hillcrest Bank of Kansas City	Deed of Trust CMMP , LLC					X					
JT	Platte Valley Bank of Smithville (1/2 Interest)	Deed of Trust on Autowash #12				X						
JT	MO First National Bank of Brookfield	Deed of Trust on Antioch Car Wash				X						
JT	Cameron Savings & Loan, Cameron, MO (1/2 interest)	Deed of Trust on Carroll County Farm			X							

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Use additional sheets if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Pat Danner

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Grand River Partners Farm, Bedford, MO		X		2/15/98		X								
JT	Duplex--5403 N. Washington Kansas City, MO (1/3 owner)		X		1/5/98	X									

This page may be copied if more space is required.

Name Pat Danner | Page 9 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Crop Protection Assn.	Sept. 26-28, 1988	Wash DC - West Virginia and Return	Y	Y	Y	2 days

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 JUN 10 AM 11:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Danny K. Davis
(Full Name)

5956 W. Race Street
(Mailing Address)

Chicago IL 60644

Daytime Telephone (202) 225-5006

Filer Status	[X] Member of the U S House of Representatives	State IL District 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4 104 and 18 U.S.C 1001)

SIGNATURE OF REPORTING INDIVIDUAL Danny K. Davis

DATE (Month/Day/Year) June 10, 1999

Name Danny K. Davis | Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Illinois	Spouse Pension	$30,118.00
	Northwest Austin Council	Mortage Patment	$3,348.00
	Pegasus Muni Money Market	IRA	$2,832.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Danny K. Davis	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
Kmart Foundation	Charity Race	Sept. 10, 1998	$500.00
Hartzell United Methodist Church	Speech	Oct. 22, 1998	$150.00

Name Danny K. Davis | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP. Mega Corp. Stock SP. 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT 1st Chicago	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP Pegasus Fund	$50,001 - $100,000	Dividends	$2,501 - $5,000	NA
SP Equitable IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	NA
SP United Credit Union	$1 - $1,000	Interest	$1 - $200	NA
Community Bank of Lawndale	$1,001 - $15,000	Interest	$201 - $1,000	NA
SP VALIC	$250,001 - $500,000	Interest	$5,001 - $15,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Hakuna Inv. Club	$1 - $1,000	Interest	$1 - $200	NA
	VALIC	$15,001 - $50,000	Interest	$1,001 - $2,500	NA

Name Danny K. Davis	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	*Mega Corporation Common Stock*	*Purchase*	*10/12/1996*	*$15,001 - $50,000*
JT	5730 W. Division Chicago,IL	Sold	Feb 4, 1998	$100,001 - $250,000

Name Danny K. Davis	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year

Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Austin Bank of Chicago	Mortage (5730 W. Division)	$15,001 - $50,000

Name Danny K. Davis | **Page** 1 **of** 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Chicago Mercantile Exchange	March 10-12	Chicago,IL-Boca Raton, Fl	Y	Y	Y	N
Portland New Party	April 3-4	Chicago,IL-Portland,OR	Y	Y	N	N
Human Resource Dev.	November 8-10	Chicago,IL-San Juan,PR	Y	Y	N	N
Nat. Assn. Communication	November 22-23	Chicago,IL-New York,NY	Y	Y	N	N
U.S. Bulgaria Trade Council	December 11-15	Washington,DC-Bulgaria	Y	Y	Y	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization; partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization; any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	Streetwise (Newspaper)
Advisory Board	Interfaith House
Board Member	East West University

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

LEGISLATIVE RECEIVED
99 MAY 14 PM 3:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Jim Davis
(Full Name)

418 Cannon House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202/225-3376

Filer Status: [X] Member of the U.S. House of Representatives — State: FL District: 11 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/14/99

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PricewaterhouseCoopers LLP	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reportin year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are not self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Bush Ross Gardner Warren & Rudy, P.A. Benefit & Profit Sharing Plan	$15,001 - $50,000	Benefit & Profit Sharing Plan	None	NA
Accounts Receivable- Bush Ross Gardner Warren & Rudy, P.A.	$15,001 - $50,000	NA	None	NA
DC (2) Certificates- Treasury Securities	$1,001 - $15,000	NA	None	NA

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
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Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Democratic Leadership Council	April 30-May 2, 1998	Wash, D.C.- New Orleans	Y	Y	N	N

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12-94	Employment agreement between Bush Ross Gardner Warren & Rudy, P.A.	Allows for the right to receive payments collected by the firm for legal services provided by the Congressman as an attorney prior to election to Congress in November of 1996

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Thomas M. Davis III
(Full Name)

3304 Juniper Way, Fairfax County, VA 22033
(Mailing Address)

Daytime Telephone 202-225-1992

Filer Status	[X] Member of the U.S. House of Representatives — State ____ District ____	[ ] Officer or Employee — Employing Office ____	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [✓]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [✓]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Thomas M. Davis

DATE (Month/Day/Year) 01-05-49 5/17/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Davis, Hall & Hafner	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Tom Davis	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NA			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Tom Davis | Page 4 of 2

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	E: $50,001 – $100,000	F: $100,001 – $250,000	G: $250,001 – $500,000	H: $500,001 – $1,000,000	I: $1,000,001 – $5,000,000	J: $5,000,001 – $25,000,000	K: $25,000,001 – $50,000,000	L: Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify For Example: Partnership Income or Farm Income)	Block D: I: None	II: $1 – $200	III: $201 – $1,000	IV: $1,001 – $2,500	V: $2,501 – $5,000	VI: $5,001 – $15,000	VII: $15,001 – $50,000	VIII: $50,001 – $100,000	IX: $100,001 – $1,000,000	X: $1,000,001 – $5,000,000	XI: Over $5,000,000	Block E: P, S, E
SP	Examples: Mega Corp Stock					X								X																		P
DC	Examples: Simon & Schuster			Indefinite																Royalties									X			
JT	Examples: 1st Bank of Paducah, KY accounts						X									X																
	Virginia State Public Authority Bonds				X											X								X								
	PRC Inc. - ESOP						X							X												X						
	Oceana Prop Partnership Virginia Beach, VA				X											X					X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tom Davis

Page 5 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fairfax County Public Improvement Funds				X											X										X						
	Charles Schwab Tax-exempt Money Fund							X								X								X								
	Black + Decker				X									X										X								
	Savings Acct - First Union Bank - Fairfax, VA				X											X								X								
	Rental Property - 4551 King Edward Ct - Annandale, VA						X								X						X											
	PRC, Inc. - 401 K Plan							X								X									X							
	401K Plan Deferred Comp. Fairfax County, VA						X									X									X							

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Tom Davis | Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	N/A														

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Virginia Bank -	Mortgage - 4559				X						
	Epic Church, VA	King Edward Rd										
		Annandale, VA										

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Bi-Partisan Member's Retreat	Feb 8-10	Wash, DC - Hershey, PA - Wash, DC	Y	Y	Y	N
	American-Israel Educational Foundation	May 24-29	Wash, DC - Israel - Wash, DC	Y	Y	N	N
	Security Industry Assoc	Aug 31 - Sept 2	Wash, DC - New York - Wash, DC	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NA	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

GPO: 1999: 55-195 (mac)

Use additional sheets if more space is required.

THOMAS M. DAVIS
11TH DISTRICT, VIRGINIA

COMMITTEE ON GOVERNMENT REFORM
CHAIRMAN
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA
SUBCOMMITTEE ON GOVERNMENT MANAGEMENT, INFORMATION AND TECHNOLOGY
SUBCOMMITTEE ON THE CENSUS

COMMITTEE ON COMMERCE
VICE CHAIR

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House of Representatives
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7018 EVERGREEN COURT
ANNANDALE, VA 22003
(703) 916–9610

730 ELDEN STREET, SECOND FLOOR
HERNDON, VA 20170
(703) 437–1726

13554 MINNIEVILLE ROAD
WOODBRIDGE, VA 22192
(703) 590–4599

May 24, 1999

Mr. Jeff Trandahl, The Clerk
U.S. House of Representatives
H-154, The Capitol
Washington, DC 20515

MC

Dear Mr. Trandahl:

Please accept this letter to serves as an amendment to my 1998 Financial Disclosure Statement. Page 1, Preliminary Information, II. was mistakenly checked "yes." This should be amended to read "no." Thank you very much for your assistance. If you have any questions, or require any additional information please contact my Chief of Staff Mike Hettinger at x51492.

Sincerely,

Tom Davis

Tom Davis
Member of Congress

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

99 MAY 18 AM 9:36

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

John Nathan Deal
(Full Name)

8805 Skitts Mountain Rd.
(Mailing Address)

Clermont GA 30527

Daytime Telephone: (202)225-5211

MC INSIDE MAIL
(Office Use Only)

Filer Status			State:		Employing Office
	[X]	Member of the U.S. House of Representatives	GA District: 09	[ ] Officer or Employee	
Report Type	[X]	Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL John Nathan Deal

DATE (Month/Day/Year) May 17, 1999

Name John Nathan Deal **Page** 1 **of** 10

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hall County Board of Education, Gainesville, GA	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP *Mega Corp. Stock* JT *123 Main St., Dover, Del.* *1st Bank of Paducah, KY accounts*	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
212 Green St.-Gainesville, Ga- 1/2 interest	$100.001 - $250.000	Rent	$15.001 - $50.000	
JT 8811 Skitts Mountain Rd.-Rental House, Clermont,Ga.	$15.001 - $50.000	Rent	$2.501 - $5.000	
IRA-Regions Bank, Gainesville, Ga.	$1.001 - $15.000	Interest	NA	
SP IRA-Regions Bank, Gainesville, Ga.	$1.001 - $15.000	Interest	NA	
IRA-Community Bank and Trust	$1.001 - $15.000	Dividends	NA	
IRA-A.G. Edwards-Mutual Funds	$100.001 - $250.000	Dividends	NA	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	IRA-A.G. Edwards-Mutual Funds	$15,001 - $50,000	Rent	NA	
JT	Putnam New Op. Fund	$1,001 - $15,000	Dividends	$1,001 - $2,500	
JT	Washington Mutual Investors Fund, Inc	$1,001 - $15,000	Dividends	$1,001 - $2,500	
	Wachovia Corp.-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Gainesville Bank and Trust-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	Regions Bank-Stock	$1,001 - $15,000	Dividends	$201 - $1,000	
	North Ga. Farm Credit-Stock	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	
	Regions Bank-CHecking Account	$1,001 - $15,000	No Interest	None	
	Gainesville Bank and Trust-Checking Account	$1,001 - $15,000	No Interest	None	
	Congressional Federal Credit Union	$1 - $1,000	Interest	$1 - $200	
	Recovery Services, Inc - Stock	$50,001 - $100,000	Dividends	None	
	Thrift Savings Plan	$50,001 - $100,000	Dividends and Interest	$5,001 - $15,000	
	1/2 interest 29.574 acres-Gainesville,Ga (50% of value and income reported here)	$250,001 - $500,000	Rent	$15,001 - $50,000	
	1/2 interest Freightliner Truck	$15,001 - $50,000	Rent	$5,001 - $15,000	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	*Mortgage on 123 Main St., Dover, Del.*	*$100,001 - $250,000*
	Gainesville Bank and Trust-Gainesville,GA (1/2 amount reported)	Mortgage on 20.77 acres- 1602 Athens Hwy	$100,001 - $250,000
	Gainesville Bank and Trust-Gainesville,Ga. (1/2 amount reported)	Endorser-Note of Recovery Services	$15,001 - $50,000
	Gainesville Bank and Trust-Gainesville,Ga. (1/2 amount reported)	Note for Truck and Tractor	$15,001 - $50,000
	Charles Thurman(1/2 amount reported)	Mortgage on 8.804 acres-1602 Athens Hwy	$15,001 - $50,000
	Gainesville Bank and Trust	Mortgage on 88 acres-Skitts Mountain Rd	$100,001 - $250,000
	Gainesville Bank and Trust	Mortgage on 9.9 acres-Skitts Mountain Rd	$50,001 - $100,000

Name Page 7 of 12

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child dunng the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
				N	N	N	

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Deal & Jarrard-Real Estate Partnership
Secretary/Treasurer	Recovery Services, Inc.
Partner	C & D Enterprises- Real Estate Partnership

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

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http://www.house.gov/deal

Nathan Deal
Congress of the United States
9th District of Georgia

Committee On Commerce
Telecommunications, Trade and Consumer Protection
Health and Environment
Committee On Education and the Workforce
Postsecondary Education, Training and Lifelong Learning

May 28, 1999

Clerk of the House
B106 Cannon House Office Building
Washington, DC 20515

To the Clerk of the House:

I am sending this letter to amend the financial disclosure that I'm filing for the calendar year 1998. The changes that I want to be made are:

To be changed on the first page under the preliminary information:

1)On question IV the "no" box should have been checked. The "yes" box was incorrectly checked.

Respectfully,

Nathan Deal

Nathan Deal

Suite 108, The Hunt Tower
200 Main Street
Mailing address: P.O. Box 1015
Gainesville, Georgia 30503
phone: (770) 535-2592
fax: (770) 535-2765

Suite 108
415 E. Walnut Avenue
Dalton, Georgia 30721
phone: (706) 226-5320
fax: (706) 278-0840

Suite 102
108 W. Lafayette Square
LaFayette, Georgia 30728
phone: (706) 638-7042
fax: (706) 638-7049

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

Peter DeFazio (Full Name)
2134 RHOB WASH D.C. (Mailing Address)
2256416 (Daytime Telephone)

Filer Status
☒ Member of the U.S. House of Representatives — State OR District 04
☐ Officer or Employee — Employing Office

Report Type
☒ Annual (May 17)
☐ Amendment
☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 14 Apr 99

Name	DeFazio	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. GOVERNMENT	SELF SALARY	
	CITY OF EUGENE OR	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

Name	DeFazio	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
K Mart Fundraiser Lawnmower Race For Members of Congress	Lawnmower Race	Sept. 7, 1998	$500.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DeFazio

Page 4 of 4

Block 1: Asset and/or Income Source	Block 2: Value of Asset	Block 3: Type of Income	Block 4: Amount of Income	Block 5: Transaction
Identify the asset and/or income producing the unearned income. For an asset held for the production of income with a fair market value exceeding $1,000 at the end of the reporting year and for any other asset or source of income which generated more than $200 in "unearned" income during the year (for rental property, list address or address range). Provide information on income units. For an IRA or retirement plan, use which investment power provide the required information on each underlying asset that increases the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence unless there is rental income; any debt owed to you by your spouse, child, parent, or sibling; any deposits totalling $10,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you do choose, you may include that an asset or income source is that of your spouse, child, or dependent (see 5 C.F.R. 2634.301 for definitions), with the optional source on the left.	a. Check if reporting the 1 Year Rule or a valuation method other than fair market value (please specify the method used). If an asset was sold and is included (not because it generated income), the value should be "None". Value: $1 - $15,000; $15,001 - $50,000; $50,001 - $100,000; $100,001 - $250,000; $250,001 - $500,000; $500,001 - $1,000,000; $1,000,001 - $5,000,000; $5,000,001 - $25,000,000; $25,000,001 - $50,000,000; Over $50,000,000	Type: DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; EXCEPTED FILER; Other Type of Income (Identify the Exception, Deferred Income or Asset Income)	Amount: None; $1 - $200; $201 - $1,000; $1,001 - $2,500; $2,501 - $5,000; $5,001 - $15,000; $15,001 - $50,000; $50,001 - $100,000; $100,001 - $1,000,000; $1,000,001 - $5,000,000; Over $5,000,000	Transaction (Indicate if other than purchased (P), sold (S), or exchanged (E) in reporting year)
SP / DC / JT — Exemption: Spouse's Income; Dependent Children's Income; Jointly Held Asset (If applicable)	Interest; Dividends	Modified		
Spouse Fed's Retirement Sep	X			
Spouse IRA Cheldwell Co				
Money Mkt	X	X	X	
IRA Co Y	X	X	X	
Cheldwell Sprow Sep	X	X	X	
Spouse Cheldwell Sprow Sep	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

Page 5 of 7

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDEND	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: D D D
SDF	Oakmark Govt Prof		X													X						X										
SDF	Dominion Resources			X										X			X						X									
SP	Center Fund			X										X			X						X									G
SP	IRA																															
	Vanguard Windsor			X										X			X						X									
	T Rowe Price Eq			X										X			X						X									
	Fidel Asst Mgt Eq			X										X			X						X									
SP	Deferred Comp																															
	VAWC					X								X			X									Monthly Contrib						P
	PEBSCO				X									X			X								X	"			"			P

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SCHEDULE IV — TRANSACTIONS

Name DeFazio | Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
SPOUSE	CONTRA FUND		X		12/19/98	X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $15,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Countrywide Funding	1/2 interest Mortgage 53880 Pine Grove Rd La Pine OR		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	BROOKINGS INSTITUTION / JAPANESE INST INTL AFFAIRS	1/17-23	EUGENE OR - TOKYO - EUGENE OR	Y	Y	N	N
	N.W. ENERGY COALITION	11/5-6	SPFLD OR - Seattle - SPFLD OR	Y	N	Y	N
	FAIM CONFERENCE	3/28-29	D.C. -> NYC -> D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
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99 MAY 13 PM 3:46
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Diana Louise DeGette
(Full Name)

1339 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone (202) 225-4431

Filer Status	[X] Member of the U S House of Representatives	State CO District 01	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Diana L. DeGette

DATE (Month/Day/Year): 5-13-99

Name Diana Louise DeGette	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Orlando County Board of Education	Spouse Salary	NA
	McKenna & Cuneo, L.L.P.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is directed, provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT 290 Elm St. Denver, Colorado	$250,001 - $500,000	Rent	$2,501 - $5,000	NA
JT US Bank NA	$1,001 - $15,000	Interest	$1 - $200	NA
JT Fidelity Cash Reserves	$1,001 - $15,000	Dividends	$1 - $200	NA
SP Diagnostic Prod. Corp. Common Stock IRA	$1,001 - $15,000	Dividends	$1 - $200	NA
SP Walt Disney Co. Common Stock IRA	$15,001 - $50,000	Dividends	$201 - $1,000	NA
SP Morrison Knudsen Corp. Common Stock IRA	$1,001 - $15,000	NA	NA	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Motivepower Indus. Inc. Common Stock IRA	$1,001 - $15,000	NA	NA	NA
SP	Fidelity Cash Reserves IRA	$1,001 - $15,000	Dividends	$1 - $200	S
SP	Fidelity Magellan Fund IRA	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
SP	Fidelity Growth & Inc Fund IRA	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
	Venator Group Inc Common Stock IRA	$1,001 - $15,000	None	None	NA
	Fidelity Cash Reserves IRA	$1,001 - $15,000	Dividends	$1 - $200	NA
	Fidelity Magellan Fund IRA	$15,001 - $50,000	Dividends	$1,001 - $2,500	P
	Public Employees Retirement Assn	$1,001 - $15,000	Interest	$1 - $200	NA

Name Diana Louise DeGette | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	Fidelity Cash Reserves IRA	Sold	March 26, 1998	$50,001 - $100,000
SP	Fidelity Magellan Fund IRA	Purchase	May 1 and Dec 4, 1998	$1,001 - $15,000
SP	Fidelity Growth & Inc Fund IRA	Purchase	March 26 and June 5, 1998	$50,001 - $100,000
	Fidelity Magellan Fund IRA	Purchase	May 1 and Dec 4, 1998	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	GE Capital Mortgage	Mortgage on Rental Property	$250,001 - $500,000
	Norwest Bank of Colorado, N A	Mortgage on Rental Property	$50,001 - $100,000
	Norwest Bank of Colorado, N A	Bus Line of Credit	$10,001 - $15,000
	MBNA America	Revolving charge account	$15,001 - $50,000
	First card	Revolving charge account	$10,001 - $15,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name Diana Louise DeGette	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Faith & Politics Institute	3/7/98-3/8/98	Washington, Birmingham, Montgomery, Selma Alabama, Washington	Y	Y	Y	N
New York University School of Law	1/12/98	Washington, New York City, Washington	N	N	N	N

Name Diana Louise DeGette	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director	Planned Parenthood of the Rocky Mountains
Circuit Secretary	New York University Root-Tilden-Kern Scholarship Fund

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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99 MAY 17 PM 4:15
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

(6)

William David Delahunt
(Full Name)

1317 Longworth House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3111

Filer Status					
	X	Member of the U.S. House of Representatives	State: MA District: 10	Officer or Employee	Employing Office
Report Type	X	Annual (May 15)	Amendment	Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: William D. Delahunt

DATE (Month/Day/Year): 5/14/99

Name William David Delahunt | **Page** 1 **of** 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Commonwealth of Massachusetts Retirement System	Pension	$54,207.72

For payments to charity in lieu of honoraria, use Schedule II.

Name William David Delahunt	Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reportin year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Loan Recievable From Farrington Acq. Realty Trust	None	Interest	$201 - $1,000	
Unit #5 Kingwood Condominium, Quechee, VT	$15,001 - $50,000	Rent	$1,001 - $2,500	
Commonwealth of Massachusetts Deferred Compensation Plan	$250,001 - $500,000	Interest	$15,001 - $50,000	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Matrix Financial Services, Arizona	Mortgage on 9 Ketch Lane, Quincy, MA	$100,001 - $250,000
	First N.H. Bank of Lebanon, Lebanon, NH	Mortgage on Unit #5, Kingswood Condominium, Quechee, VT	$15,001 - $50,000
	First Trade Union Savings Bank, Boston, MA	Guarantor of Mortgage on 24 Washburn Ave., Cambridge, MA	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Invest to Compete Alliance	July 3 -6	Chatham, MA	Y	Y	N	N
Citizens Trade Campaign	February 17 - 19	Wash, DC - Atlanta, GA - Columbus, GA - Tallahassee, FL - Gainesville, FL - Wash, DC	N	Y	N	N

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Member, Board of Directors	Massachusetts Association for Mental Health

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:49

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Rosa L. DeLauro
(Full Name)

49 Huntington Avenue
(Mailing Address)

(202) 225-3661
Daytime Telephone

New Haven, CT 06511

Filer Status	[X] Member of the U.S. House of Representatives	State CT District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Rosa L. DeLauro

DATE (Month/Day/Year) 5/17/99

978

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Greenberg Quinlan Research,Inc.(formerly Greenberg Research Inc)	Spouse salary	N/A
	Greenberg Research, Inc.	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Rosa L. DeLauro

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	BLOCK B	BLOCK C	BLOCK D	BLOCK E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT — Examples: SP Mega Corp Stock		Indefinite	X		P
SP Simon & Schuster		Indefinite		Royalties	
JT 1st Bank of Paducah, KY accounts		X	X		
JT Political Properties (30% Owner) General Partnership		X	Partnership Income Statement I	X	
SP Greenberg Quinlan Research,Inc,(150 Shares)		X	Statement II	X	
SP Greenberg Research, Inc.		X	Statement III	X	
JT Horizon Towers & Executive House (½ of share-own 1.237%)			Statement IV	X	
Holding New Haven 124 Units 5 Acres					
Colonial Executive Ltd Partnership					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	Merrill Lynch Profit						X							X										X							
	Sharing Plan(Greenberg																														
	Quinlan Research,Inc.																														
SP	TIAA/CREF Pension Plan						X									X							X								
	TIAA/CREF Pension Plan						X									X							X								
JT	Sequoia Nat'l Bank			X												X						X									
SP	Sequoia Nat'l Bank(PR)			X												X						X									
SP	Sequoia Nat'l Bank(HI)				X											X						X									
JT	Fleet Bank (CT)			X												X						X									
	Ted DeLauro Scholarship																														
	Fund - Fleet Bank(CT)				X											X							X								
JT	Merrill Lynch Joint						X														X										
	Account#79868124 -Cash																														
	Following assets in joint																														
	name with my mother,Louise																														
	DeLauro for estate planning																														
	purposesonly. Assets are																														
	under control of and all																														
	income is reported by joint																														
	tenant, Louise DeLauro:																														
JT	Savings account			X												X							X								
	New Haven Savings Bank																														

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

Page 6 of 10

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
JT	Merrill Lynch Joint																															
	Account#79868124-																															
	MutualFunds:																															
	PIMCO INNOVATION			X										X							X											
	PUTMAN HEALTH SCIENCES			X										X							X											
	WASHINGTON MUTUAL					X								X							X											

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SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
JT	PIMCO Innovation FD CL C	X			12-17-98	X									
JT	PUTMAN Health Sciences Trust Class B	X			12-17-98	X									
JT	Washington Mutual Investors Fund INC	X			12-18-98			X							
JT	Franklin Federal Tax Free Fund		X		1-1-98		X								
JT	Dryfus Capital Value Fund		X		5-15-98	X									

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SCHEDULE V — LIABILITIES

Name Rosa L. DeLauro | Page 8 of 10

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Sequoia National Bank	Mortgage on rental property 515 Second St.,WDC (30%)				X						
SP	Colorado Student Loan	Parent-Student College Loan PO Box 1649,Denver,CO	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE			

Use additional sheets if more space is required

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name	Rosa L. DeLauro	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University
Board of Directors Director	(HIPPY-USA) Home Instruction Program for Preschool Youngsters

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 4
Political Properties General Partnership

1998 D.C. Assessed Value = $555,500; 30% share $166,650.
No net income

Statement II, Schedule III, Page 4
Greenberg Quinlan Research, Inc.(formerly known as Greenberg Research, Inc.)

Shares value based on net book value of corporation and officer-shareholder compensation at 12/31/98.

Statement III, Schedule III, Page 4
Greenberg Research, Inc.

Shares value based on net book value of corporation and officer-shareholder compensation at 12/31/98.

Statement IV, Schedule III, Page 4
Colonial Executive Limited Partnership (Ownership share = 1.2375%)

Assessed value $3,045,000 * .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 1:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas Dale DeLay (Full Name)

US Capitol, H-107 (Mailing Address)

Washington, DC 20515

202/225-9197 Daytime Telephone

MC HAND DELIVERED (Office Use Only)

Filer Status [X] Member of the U.S. House of Representatives — State TX District 22 — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 17) — [ ] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [XX] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Thomas Dale DeLay Tom DeLay DATE (Month/Day/Year) 5/7/99

Name	Page 1 of 5
Thomas Dale DeLay	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Alexander Strategy Group	spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

990

Name Thomas Dale DeLay | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")

BLOCK C — Type of Income

BLOCK D — Amount of Income (For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income)

BLOCK E — Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year)

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Examples				
SP	Mega Corp. Stock	A: $1 – $1,000	DIVIDENDS: X	I: None	P
	Simon & Schuster	B: Indefinite	RENT	II: $1 – $200	S
	1st Bank of Paducah, KY accounts	C: $1,001 – $15,000	INTEREST: X	III: $201 – $1,000	E
		$15,001 – $50,000	CAPITAL GAINS	IV: $1,001 – $2,500	
		E: $50,001 – $100,000	EXCEPTED TRUST	V: $2,501 – $5,000	
		F: $100,001 – $250,000: X	QUALIFIED BLIND TRUST	VI: $5,001 – $15,000	
		G: $250,001 – $500,000	Other Type of Income (Specify: For Example: Partnership Income or Farm Income): Royalties	VII: $15,001 – $50,000: X	
		H: $500,001 – $1,000,000		VIII: $50,001 – $100,000	
		I: $1,000,001 – $5,000,000		IX: $100,001 – $1,000,000: X	
		J: $5,000,001 – $25,000,000		X: $1,000,001 – $5,000,000	
		K: $25,000,001 – $50,000,000		XI: Over $5,000,000	
		L: Over $50,000,000			
SP	EXXON	L: X	DIVIDENDS: X	V: X	S
JT	Congressional Credit Union	C: X	DIVIDENDS: X	II: X	NA
	NORWEST BANK TX	C: X	Other Type of Income: money market account	II: X	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Thomas Dale Delay

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Exxon Common Stock		X		6/9/98		X								
JT	Exxon Xommon Stock		X		7/28/98		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Choctaw Tribe	July 31 - Aug 2	Wash, DC - Houston - Jackson, MS	Y	Y	Y	NA

This page may be copied if more space is required.

Name	Thomas Dale DeLay	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Americans for a Republican Majority

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

TOM DeLAY
TEXAS

H-107, The Capitol
Washington, DC 20515-6503
(202) 225-0197

One Hundred Sixth Congress
U.S. House of Representatives
Office of the Majority Whip

HAND DELIVERED

RECEIVED
99 MAY 27 PM 5:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
POLICY & LEGISLATIVE COUNSEL

May 27, 1999

Honorable Jeff Trandahl:
Clerk of the U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

MC

Dear Clerk Trandahl:

I hearby amend Schedule III, of my Financial Disclosure Statement for calendar year 1998.

In Block A of Schedule III, I incorrectly reported the year-end value of Exxon stock. The correct valuation should be $50,001 - $100,000. In addition, the ownership of this stock should be designated as joint, as should the reporting of this stock on previous Financial Disclosure statements.

Sincerely,

Tom DeLay
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:55
CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

James W. DeMint
(Full Name)

132 Coventry Rd.
(Mailing Address)

Greenville, S.C. 29615

864-233-2160
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives — State: S.C. District: 4	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 17)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jim DeMint

DATE (Month/Day/Year): 5/13/99

Name	Page
Jim DeMint	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	dba The DeMint Group (DeMint Marketing Management, Inc.)	Pre-election employment	$75,000

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	None			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP.	Mega Corp. Stock				X									X										X								P
DC.	Examples. Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts					X										X																
	Mainstay Fund. (IRA)				X									X											X							
	Solomon Smith Barney (IRA)				X									X										X								
SP	Solomon Smith Barney Fund (IRA)			X										X									X									
SP	BB&T Corp Bonds (National bank out by BB&T)					X								X			X										X					
DC	BB&T					X								X			X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim DeMint

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
DC	Duff & Phelps Util.			X										X									X									
DC	Centennial Money MKT				X											X								X								
DC	Bell South				X									X									X									
	50% Share: DeMint Group Properties, owner commercial building								X						X						X											loss
	90% Share: DeMint Marketing Mgt, Inc.					X															X											

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SCHEDULE IV — TRANSACTIONS

Name Jim DeMint

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
SP	Thiokol Corp		X		2-26-98	X									
SP	BB&T Corp		X		4-23-98		X								
SP	BB&T Corp		X		11-20-98	X									
DC	BellSouth Corp		X		2-26-98	X									
DC	BellSooth Corp		X		4-7-98	X									
DC	Bell South Corp		X		6-4-98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Carolina First Bank	Mortgage on DeMint Building						X				
	Carolina First Bank	Credit Line		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	DeMint Marketing Management, Inc.
Director	Greenville Family Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

JIM DeMINT
4TH DISTRICT, SOUTH CAROLINA

www.demint.house.gov
jim.demint@mail.house.gov

COMMITTEES:
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
SURFACE TRANSPORTATION
AVIATION
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES:
EARLY CHILDHOOD, YOUTH AND FAMILIES
EMPLOYER-EMPLOYEE RELATIONS
SMALL BUSINESS
SUBCOMMITTEES:
EMPOWERMENT
RURAL ENTERPRISE, BUSINESS OPPORTUNITIES
AND SPECIAL BUSINESS PROBLEMS

Congress of the United States
House of Representatives
Washington, DC 20515–4004

May 17, 1999

The Honorable Lamar S. Smith
Committee on Standards
HT2 U.S. Capitol
Washington, D.C. 20515

Dear Chairman Smith

By this letter I am filing my financial disclosure for calendar year 1998 and amending my financial disclosure for calendar year 1998

Several years ago, my wife owned Morton Norwich stock. It was her understanding that she had sold all of it, but in fact, Morton Norwich had been sold to Thiokol and at the time of my 1998 financial disclosure. Unknowingly, my wife owned a few remaining shares of Thiokol stock with a value of $1,001 - $15,000. In calendar year 1997, she received between $1 - $200 of dividend income from this stock. In calendar year 1998 (as reported this year), all of her remaining shares of Thiokol were sold for $1,900

My disclosure for calendar year 1997 failed to list any BellSouth stock, but my 20 year old daughter (Virginia) did own this stock in 1997. All of her stock was sold in 1998 to pay for college and she no longer owns any BellSouth stock. My son (James) also owned shares of BellSouth stock in calendar year 1997 and continues to own this stock in 1998. In 1997, my dependent children owned between $15,001 - $50,000 of BellSouth stock and received between $201 - $1,000 of dividend income The error occurred because our stock broker had sold some of my children's Southern National stock (now BB&T) and purchased some BellSouth a few years ago. Due to outdated records, however, I did not know that my children still owned BellSouth stock.

In calendar year 1997, I erroneously reported that my children still owned Enova stock. In fact, their stock had been sold during calendar year 1996

Thank you for your consideration

Sincerely,

Jim DeMint

WASHINGTON OFFICE
511 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6030
FAX (202) 225-1177

GREENVILLE OFFICE
FEDERAL BUILDING
300 EAST WASHINGTON STREET
SUITE 101
GREENVILLE, SC 29601
(864) 232-1121
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SPARTANBURG OFFICE
FEDERAL BUILDING
201 MAGNOLIA STREET
SUITE 108
SPARTANBURG, SC 29301
(864) 582-6422
FAX (864) 573-6476

UNION OFFICE
P.O. BOX 235
UNION, SC 29379
(864) 427-2205

PRINTED ON RECYCLED PAPER

JIM DeMINT
4TH DISTRICT, SOUTH CAROLINA

www.demint.house.gov
jim.demint@mail.house.gov

HAND DELIVERED

COMMITTEES
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
SURFACE TRANSPORTATION
AVIATION
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES
EARLY CHILDHOOD, YOUTH AND FAMILIES
EMPLOYER-EMPLOYEE RELATIONS
SMALL BUSINESS
SUBCOMMITTEES
EMPOWERMENT
RURAL ENTERPRISE, BUSINESS OPPORTUNITIES AND SPECIAL BUSINESS PROBLEMS

Congress of the United States
House of Representatives
Washington, DC 20515–4004

June 14, 1999

RECEIVED
99 JUN 15 AM 11:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER

The Honorable Lamar S. Smith
Committee on Standards
HT2 U.S. Capitol
Washington, D.C. 20515

Dear Chairman Smith:

This letter is to clarify my letter of May 17, 1999. The first paragraph of that letter incorrectly stated that I was amending my financial disclosure for calendar year 1998 -- I was actually amending my financial disclosure for calendar year 1997 as the body of the letter made clear. I apologize for any confusion.

Additionally, I want to further clarify and amend my financial disclosure for 1998. On Schedule III "Assets and 'Unearned' Income," I report as an asset a 90 percent share in DeMint Marketing Management, Inc. with no income. This reflects my interest in the cash value of a life insurance policy owned by the business. On Schedule IX "Agreements," I would like to add an agreement with DeMint Marketing Management, Inc. that upon my death the proceeds of the life insurance policy disclosed on Schedule III would be used to buy the business from my wife.

Thank you for your consideration.

Sincerely,

Jim DeMint

WASHINGTON OFFICE
507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–6030
FAX (202) 226–1177

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SPARTANBURG OFFICE
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201 MAGNOLIA STREET
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(864) 582–6422
FAX (864) 573–9478

UNION OFFICE
P.O. BOX 225
UNION, SC 29379
(864) 427–2205

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:26
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

LINCOLN DIAZ-BALART
(Full Name)

8525 NW 53 Terrace
(Mailing Address)

Miami, FL 33178

Daytime Telephone (305) 470-8555

Filer Status	[XX] Member of the U.S. House of Representatives	State FL District 21	[ ] Officer or Employee	Employing Office	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[XX] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/17/99

1007

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Hamilton Bank, N.A. Miami, FL	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DIAZ-BALART

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X																		P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X										X						
JT	6920 SW 94 Avenue Miami, Fl 33173							XX																								
JT	900 N. Stafford Arlington, VA						XX																									
	Fidelity Puritan Fund			XX										XX							N/A				IRA							
	The New England Life Insurance Policy			XX										XX									XX									
SP	Phillips Patroleum			XX										XX								XX										
SP	AG Edwards & Sons			XX												XX							XX									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DIAZ-BALART

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Citibank Savings			X												X							X									S
	1988 Lincoln (car)			X																												P
	1993 Ford (car)			X																												

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SCHEDULE IV — TRANSACTIONS

Name DIAZ-BALART | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	1988 Lincoln (car)		xxx		7-10-98	xxx									
	1993 Ford (car)	xxx			7-14-98	xxx									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	Republic Bank	Mortgage on 6920 SW 94 Avenue				xx						
JT	GMAC Mortgage	Mortgage on 900 N. Stafford, Arl., VA			xx							
JT	Darnett Bank (Nations)	Line of Credit		xx								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Cuban American Cultural Inst	May 1-4	Wash., DC -L.A.-Wash.,DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization; any labor organization; or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
N/A		

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

CUBAN AMERICAN CULTURAL INSTITUTE
3701 INGLEWOOD AVE., SUITE 102
REDONDO BEACH, CA 90278
PHONE (310) 973-8669 - FAX: (310) 673-6728

May 28, 1998

Ms. Ana Carbonell
District Director
U.S. Representative Lincoln Diaz-Balart
8525 NW 53 Terrace, Suite 102
Miami, FL 33166

Dear Ms. Carbonell:

This is to confirm that the Cuban American Cultural Institute has paid for Rep. Lincoln Diaz-Balart's and Cristina Diaz-Balart's transportation and lodging costs for their May 1-4, 1998 visit to Los Angeles.

The Cuban American Cultural Institute is a non-profit entity based in Los Angeles, and is dedicated to promoting awareness of Cuban culture in the United States. During their visit, Rep. Diaz-Balart and Cristina Diaz-Balart participated in several events sponsored by the Institute including a 10,000-person cultural festival, a luncheon and a gala dance.

Thank you very much for your cooperation. Please let me know if you have any questions regarding this matter.

Sincerely,

Fermin Cuza
President, Cuban American Cultural Institute

12/97

U.S. House of Representatives
MEMBER/OFFICER TRAVEL DISCLOSURE FORM

This form is for disclosing the receipt of travel expenses from private sources for meetings, speaking engagements, fact-finding trips or similar events in connection with official duties. You need not disclose government-funded or political travel on this form, or travel that is unrelated to official duties. This form does not eliminate the need to report all privately-funded travel on the annual Financial Disclosure Statements of those persons required to file them. In accordance with House Rule 51, complete this form and file it with the Clerk of the House of Representatives, B-106 Cannon House Office Building, within 30 days after travel is completed. The Clerk shall make these forms available to the public as soon as possible after they are filed. *Provide a good faith estimate of all expenses.*

NAME OF MEMBER OR OFFICER (PRINT OR TYPE) Lincoln Diaz-Balart

NAME OF ACCOMPANYING FAMILY MEMBER Cristina Diaz-Balart

RELATIONSHIP TO MEMBER OR OFFICER (check one) X spouse ____ child

DATES OF TRAVEL May 1 - May 4, 1998

DATES AT PERSONAL EXPENSE _____

DESTINATION(S) Los Angeles, California

SPONSOR (WHO PAID FOR THE TRIP) Cuban American Cultural Institute

PURPOSE OF TRIP To speak and participate at various events sponsored by the Cuban American Cultural Institute.

TOTAL TRANSPORTATION EXPENSES $891.69

For Member or Officer: $411.19

For accompanying spouse or child $480.50

TOTAL LODGING EXPENSES $543.78

For Member or Officer: $362.52

For accompanying spouse or child $181.26

TOTAL MEAL EXPENSES $150.00

For Member or Officer $90.00

For accompanying spouse or child: $60.00

TOTAL OF ALL OTHER EXPENSES:

For Member or Officer:

For accompanying spouse or child:

I have determined that all of the expenses listed above were necessary and that the travel was in connection with my duties as a Member or Officer of the U.S. House of Representatives and would not create the appearance that I am using public office for private gain.

SIGNATURE OF MEMBER OR OFFICER _____ DATE May 28, 1998

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

AmericanAirlines

BOARDING PASS
03MAY98
US
LOS ANGELES

DIAZBALART/CRISTINA
LOS ANGELES
MIAMI INTERNTNL
AA 911 M 03MAY130P

BOARDING PASS ONLY

SEAT/SMOKE
21H NO

NOT VALID
WITHOUT FLIGHT COUPON

00105584295393

AmericanAirlines
BOARDING PASS
DIAZBALART/CRISTINA
MIAMI INTERNTNL
LOS ANGELES
AMERICAN AIRLINES
AA 911 M 03MAY130P
47 100P
21H
NO
EXIT

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT

AmericanAirlines

BOARDING PASS
01MAY98
US
MIAMI INTERNTNL

DIAZBALART/CRISTINA
MIAMI INTERNTNL
LOS ANGELES
AA 207 R 01MAY720P

BOARDING PASS ONLY

SEAT/SMOKE
11A NO

NOT VALID
WITHOUT FLIGHT COUPON

0010569226108 3

AmericanAirlines
BOARDING PASS
DIAZBALART/CRISTINA
MIAMI INTERNTNL
LOS ANGELES
AMERICAN AIRLINES
AA 207 R 01MAY720P
D11 650P
11A
NO

STAPLE HERE ATB2

INSERT

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

ARC FLIGHT COUPON

BOARDING PASS

43067473252

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 PM 6:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 11 1999
(Office Use Only)

Jay W. Dickey, Jr.
(Full Name)

#47 Southern Pines; Pine Bluff, AR 71603
(Mailing Address)

(202) 225 3772
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State Arkansas, District 4th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/7/99.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jay W. Dickey, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp. Stock					X								X																		
DC	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X													X			
	Wal-Mart Stores, Inc Stock	X															X															S
	Dickey Real Estate, P.A. Stock							X																								
	Leasehold Interest in Cottage Ludington, MI						X								X											X						
	Metropolitan Life Ins. Annuity (944 Shares of Wal Mart Stock)	X														X							X									
	Self-Directed IRA					X								X		X							X									
	Land at 512 W. 27th Pine Bluff, AR					X															X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr

Page 7 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	1/4 Interest in Land + Bldg at 504 Walnut Pine Bluff, AR					X															X											
	1 $2 acres lot at Black + Minnell Streets Pine Bluff, AR					X															X											
	Mildred Everette Estate																			Inheritance								X				

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Jay W Dickey, Jr | Page 4 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Wal-Mart Stores, Inc. Stock		X		05-22-98				X						

This page may be copied if more space is required.

Name Jay W. Dickey, Jr. | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor		Type of Liability	Amount of Liability: B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Fred + Mrs. Russell Condray	Pine Bluff, AR	Unsecured Note			X							
	Simmons Line of Credit	Pine Bluff, AR	Secured by Wal-Mart Stock *			X							
	Simmons Line of Credit	Pine Bluff, AR	Unsecured Note		X								
	Bank of Bearden	Bearden, AR	Unsecured Line of Credit *				X						
	Dickey Real Estate, P.A.	Pine Bluff, AR	Unsecured Note					X					

* Balance at 12-31-98 is $0

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Dickey Real Estate, P.A.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 17 AM 10: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC HAND DELIVERY
(Office Use Only)

NORMAN D DICKS
(Full Name)

2467 RAYBURN HOB
(Mailing Address)

WASHINGTON DC 20515
Daytime Telephone: 202 225.5916

Filer Status				
	[X] Member of the U.S. House of Representatives	State: WA District: 06	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION-Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Norman D. Dicks

DATE (Month/Day/Year): 5/13/1999

Name NORMAN D. DICKS	Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US CAPITOL HISTORICAL SOCIETY	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name NORMAN D. DICKS	Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP Massachusetts Mutual Life Ins, Springfield, MA IRA	$15,001 - $50,000	NA	None	NA
Massachusetts Mutual Life Ins, Springfield, MA - IRA	$15,001 - $50,000	NA	None	NA
SP Lincoln Life, P.O. Box 2340, Fort Wayne, IN 46801 Annuity	$15,001 - $50,000	NA	None	NA
Allianz Life Ins of North America, Minneapolis, MN IRA	$1,001 - $15,000	NA	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Allianz Life Ins of North America, Minneapolis, MN IRA	$1,001 - $15,000	NA	None	NA
DC	National Bank of Bremerton, Bremerton, WA	$1,001 - $15,000	Interest	$201 - $1,000	NA
DC	Merrill Lynch,Pierce,Fenner & Smith, Inc - Software Net Corp	None	Capital Gains and Dividends	$2,501 - $5,000	P AND S
	924 Shorewood Dr , Bremerton, WA	None	Capital Gains	$50,001 - $100,000	S
	Wright Patman CFCU, Washington,DC account	$50,001 - $100,000	Dividends	$1,001 - $2,500	NA

Name NORMAN D DICKS | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins, Springfield, MA IRA	Exchange	5-11-98	$1,001 - $15,000
SP	Allianz Life Ins of North America, Minneapolis, MN to Massachusetts Mutual Life Ins, Springfield, MA IRA	Exchange	5-11-98	$1,001 - $15,000
	924 Shorewood Dr, Bremerton, WA	Sold	3-27-98	$50,001 - $100,000
DC	Merrill Lynch,Pierce,Fenner & Smith, Inc - Software Net Corp	Purchase	6-17-98	$1,001 - $15,000
DC	Merrill Lynch,Pierce,Fenner &Smith - Software Net Corp	Sold	6-24-98	$1,001 - $15,000

Name NORMAN D. DICKS	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
International Assoc of Machinists - Speaker at IAM Aerospace Conference	3-8-98 - 3-9-98	DC-Cocoa Beach,Fl-DC	Y	Y	N	NA
The Aspen Institue - Conference on U.S.-China Relations	4-13-98 - 4-17-98	DC-Lanai,HI-DC	Y	Y	Y	NA
Spouse travel - BASF Corporation - to participate in a panel discussion of life and role of congressional spouses	6-22-98 - 6-23-98	DC-New York,NY-DC	Y	Y	N	NA

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

99 MAY 17 AM 10: 10
U.S. HOUSE OF REPRESENTATIVES
MC RECEIVED (Office Use Only)

John D Dingell
(Full Name)

2328 Rayburn H O B
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-4071

Filer Status	[X] Member of the U S House of Representatives	State District	MI 16	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1 000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [X] No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C, app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 14, 1999

Name John D Dingell	Page 1 of 1

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name: John D. Dingell	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1998 Aug. 13, 1998	$2,000 $ 500
Connell Company	Speech	September 14, 1998	$2,000.00

Name John D Dingell	Page 1 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None "	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP. DC. JT. *Examples* SP. Mega Corp. Stock 123 Main St , Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Smith Barney Appreciation Fund CL B	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT Smith Barney Money Funds Cash Port CL A	$1,001 - $15,000	Dividends	$201 - $1,000	
Balcor Equity Pension Investors	None	Dividends	None	
JT Smith Barney Appreciation Fund CL A	$50,001 - $100,000	Capital Gains and Dividends	$2,501 - $5,000	
Allied Cap Coml Corp	None	Capital Gains and Dividends	$5,001 - $15,000	S
Bergstrom Cap Corp	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
Washington Real Est Inv Tr Sbi	None	Dividends	None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Morgan J.P. & Co Inc Zero Cpn	None	Interest	$201 - $1,000	S
	Vista Mutual Fund Group Growth & Income Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
JT	Vista Mutual Fund Group Cap Growth Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	S
JT	Nicholas Fund, Inc	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	
	Acorn Investment Trust	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
	Gabelli Asset Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
JT	First Union Bank	$100,001 - $250,000	Interest	$1,001 - $2,500	
SP	National Bank of Detroit	$1,001 - $15,000	Interest	$1 - $200	
	Municipal Bonds Oakland County, MI	None	Interest	$201 - $1,000	S
SP	General Electric Co	$50,001 - $100,000	Dividends	$201 - $1,000	P
SP	General Mills Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	General Motors Corp	$100,001 - $250,000	Dividends	$201 - $1,000	
SP	General Motors Corp CL H	$15,001 - $50,000	Dividends	$1 - $200	
SP	Marsh & McLennan Cos Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Pepsico Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Praxair Inc	$1,001 - $15,000	Dividends	$1 - $200	
SP	Procter & Gamble Co	$15,001 - $50,000	Dividends	$1 - $200	
JT	Congressional Federal Credit Union	$1,001 - $15,000	Interest	$1 - $200	
SP	General Motors Deferred Savings Program	$500,001 - $1,000,000	Interest	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	General Motors Pension Fund	None	Dividends	None	
	GAM International Fund	$1,001 - $15,000	Dividends	$201 - $1,000	
	UTS Equity Income Fund Dow 98-C	$15,001 - $50,000	Dividends	$1 - $200	P
	UTS Uncommon Values TR #98 A	$15,001 - $50,000	Dividends	$1 - $200	P
	Republic Industries Inc	$1,001 - $15,000	Dividends	None	P
	Seagate Technology Inc	$1,001 - $15,000	Dividends	None	
SP	UTS GMAC Def Int Deb-Princpl	$15,001 - $50,000	Dividends	None	
	Adams Express Co Maryland	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	FPA Capital Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fannie Mae Remic	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Davis New York Venture Fund	$50,001 - $100,000	Capital Gains and Dividends	$1,001 - $2,500	
	Seligman Frontier Fd Inc	$1,001 - $15,000	Capital Gains and Dividends	None	
	Salomon Bros Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	
JT	Dodge and Cox Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Heartland Value Fund	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
JT	Mutual Qualified	$100,001 - $250,000	Capital Gains and Dividends	$5,001 - $15,000	
	Mutual Shares	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
SP	PBHG	$15,001 - $50,000	Dividends	None	
JT	Mutual Beacon	$15,001 - $50,000	Capital Gains and Dividends	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	First Virginia Bank-Blue Ridge	None	Interest	$1,001 - $2,500	closed account
	Tele Comms Inc New	None	Dividends	None	S
SP	Electronic Data Sys Corp New	$50,001 - $100,000	Dividends	$1 - $200	
	Cabin at 676 Kern Mountain Lane in New Market, VA--not income-producing property, held note/mortgage	None	Mortgage payment	$100,001 - $1,000,000	S
SP	AIM Aggressive Growth Fund Class A	$1,001 - $15,000	Capital Gains	$1 - $200	
JT	Brandywine Fund Inc	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	
JT	The Torray Fund	$1,001 - $15,000	Dividends	$1 - $200	
	UTS Equity Income Fund Dow 97-C	None	Dividends	$201 - $1,000	S
	Orion Capital Corp	$1,001 - $15,000	Dividends	$1 - $200	
	SBC Communications Inc	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Smith Barney Municipal Money Market Fund CL A	$100,001 - $250,000	Dividends	None	
	Transcanada Pipelines LTD	None	Dividends	$1 - $200	S
	UTS Uncommon Values Tr #97 A	None	Dividends	None	S
SP	Airtouch Comms Inc	None	Dividends	$1 - $200	S
SP	Wal-Mart Stores Inc	$15,001 - $50,000	Dividends	$1 - $200	
SP	Apple Computer Inc	$1,001 - $15,000	Dividends	None	
SP	Raytheon Co Class A	$15,001 - $50,000	Dividends	$1 - $200	
SP	Tricon Global Restaurants	$1,001 - $15,000	Dividends	None	

Name John D Dingell	Page 5 of 5

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	General Motors Corp Stock Options	$500,001 - $1,000,000	Dividends	None	S
SP	Motorola	$1,001 - $15,000	Dividends	$1 - $200	
SP	Legg Mason Vaule Trust	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Allied Cap Coml Corp	Sold	1/8/98	$15,001 - $50,000
	Washington Real Est Inv Tr Sbi	Sold	3/11/98	$1,001 - $15,000
	Morgan J P & Co Inc Zero Cpn	Sold	4/1/98	$15,001 - $50,000
	Vista Mutual Fund Group Cap Growth Fund	Sold	9/22/98-10/2/98	$15,001 - $50,000
	Municipal Bonds Oakland County, MI	Sold	4/13/98	$1,001 - $15,000
	Tele Commns Inc New	Sold	1/23/98	$1,001 - $15,000
	Cabin at 676 Kern Mountain Lane in New Market,VA --not income-producing property, held note/mortgage. Sale was final in 1998	Sold	10/1/98	$100,001 - $250,000
	UTS Equity Income Fund Dow 97-C	Sold	9/28/98	$15,001 - $50,000
	Transcanada Pipelines LTD	Sold	9/22/98	$1,001 - $15,000
	UTS Uncommon Values Tr #97 A	Sold	7/7/98	$15,001 - $50,000
	Airtouch Comms Inc	Sold	3/20/98	$1,001 - $15,000
	General Electric	Purchase	9/28/98	$15,001 - $50,000
SP	Legg Mason Value Trust	Purchase	2/19/98-2/23/98	$15,001 - $50,000
	UTS Equity Income Fund Dow 98-C	Purchase	9/28/98	$15,001 - $50,000
	UTS Uncommon Values TR #98 A	Purchase	7/7/98	$15,001 - $50,000
	Ericsson L M Tel Co CL B	Purchase	3/27/98	$1,001 - $15,000

Name John D Dingell	Page 2 of 2

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Ericsson L M Tel Co CL B	Sold	10/2/98	$1,001 - $15,000
JT	Republic Industries Inc	Purchase	3/20/98-3/27/98	$1,001 - $15,000
	Republic Industries Inc.	Sold	10/2/98	$1,001 - $15,000
SP	General Motors Corporation Stock Options	Sold	04/14/98	$500,001 - $1,000,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Greater Detroit Chamber of Commerce	May 27-30, 1998	Detroit, MI to Mackinac Island, MI to Detroit, MI	Y	Y	N	n
Kennecott Energy Company	September 3-6, 1998	Washington, D.C. to Meeker, CO to Washington, D.C.	Y	Y	N	1 day
Connell Company	September 14, 1998	Washington, D.C. to Newark, N.J. to Washington, D.C.	N	N	N	n

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

JULIAN C. DIXON
(Full Name)

2252 Rayburn House Office Building
Washington DC 20515
(Mailing Address)

Daytime Telephone: (202) 225-7084

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 32	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6/15/99

1042

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/Director Fees	NA
	Lanta Concessions	Spouse Salary/Director Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC, *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Industrial Bank of Washington, D.C	$1,001 - $15,000	Dividends	$201 - $1,000	
SP	Mir Kanon/Peldeau, Inc. (11.104%)	$250,001 - $500,000	Dividends	$100,001 - $1,000,000	
	Merrill Lynch Investment Accl. (Money Market acct)	$250,001 - $500,000	Interest	$15,001 - $50,000	P
	IRA - Merrill Lynch, Pierce, Fenner & Smith - Self (Not self directed)	$15,001 - $50,000	Dividends	$5,001 - $15,000	
SP	IRA - Merrill Lyncy, Pierce, Fenner & Smith - Spouse (Not self directed)	$15,001 - $50,000	Dividends	$5,001 - $15,000	
	1299 Delaware Ave, SW, Washington, DC	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Fidelity Fed. Bank, Culver City, CA - CDs & checking	$15,001 - $50,000	Interest	$2,501 - $5,000	
	5 Rare Coins	$1,001 - $15,000		None - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	Concourse Gift & News, Inc.	$15,001 - $50,000		None - $200	
SP	Lanta Concessions, Inc.	$250,001 - $500,000	Dividends	$15,001 - $50,000	
SP	8701 Chessington Dr., Inglewood, CA	$100,001 - $250,000		None - $200	
SP	Lanta Concessions - Note Receivable	$50,001 - $100,000	Interest	$15,001 - $50,000	
	National Credit Union Savings Acct	$1,001 - $15,000	Interest	None - $200	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	Merrill Lynch Invest. Acct. (Money Market acct.)		Multiple throughout year	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Susquehanna Bank, Baltimore, MD (note bought from First Nationwide)	Mortgage on 1299 Delaware Ave., SW, Wash. DC	$100,001 - $250,000
SP	South Trust Bank of GA	Business Investment	$100,001 - $250,000
SP	First Nationwide (formerly Glendale Federal, Glendale, CA)	Mortgage on 8701 Chessington Dr., Inglewood, CA	$100,001 - $250,000
	Loan against ML Money Market Cash Account Assets	Home Improvement	$50,001 - $100,000
SP	1st Union Bank of GA	Business Investment	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Harvard University	11/17/98	DC-Boston, MA-DC	N	N	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.
Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Board Member	CBC Foundation
President (spouse)	Peideau, Inc.
President (spouse)	Concourse Gift & News Inc.
VP/Secretary/COO (spouse)	Lanta Concessions, Inc.
Trustee (spouse)	Otis Institute of Art & Design
Trustee (spouse)	Hugh O'Brien Youth Foundation (HOBY)
Director (spouse)	Mir Kanon

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Lloyd Doggett
(Full Name)

1200 Baylor, #401
(Mailing Address)

Austin TX 78703

Daytime Telephone: 202-225-4865

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lloyd Doggett

DATE (Month/Day/Year): 6/3/99

Name Lloyd Doggett	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria. list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Department of Education	Spouse Salary	NA
	Texas ERS	Annuity	$32,955.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S) or exchanged(E) in reporting year.
SP DC *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	6734 Spicewood Springs, Austin, TX	$250,001 - $500,000	Rent	$5,001 - $15,000	
	Lohman's Ford Crossing Rd., Travis Co., TX	$15,001 - $50,000		None	
	1510 Ullrich, Austin, TX (1/4)	$15,001 - $50,000	Rent	$201 - $1,000	
	508 Gatetree, Austin, TX (1/4)	$15,001 - $50,000	Rent	$201 - $1,000	
	3800 Kennelwood, Austin, TX	$100,001 - $250,000		None	
	21.12 Acres, Northern Dona Ana Cty., NM (1/24 interest)	$1,001 - $15,000	Rent	None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

220 N Mesa, El Paso, TX (1/12 interest)	$15,001 - $50,000	Rent	$1,001 - $2,500	
711 N Piedras, El Paso, TX (1/12 interest)	$1,001 - $15,000	Rent	$201 - $1,000	
Mineral Interest, McFarland Tract, Ward Co., TX	$1,001 - $15,000	Royalty	$1 - $200	
Maytag Corp	$100,001 - $250,000	Interest	$5,001 - $15,000	
Call Amgen Inc	None	Option Contract Price	$201 - $1,000	
Call Assoc First Cap	None	Option Contract Price	$1,001 - $2,500	
Call Assoc First Cap	None	Option Contract Price	$1,001 - $2,500	
Call Barrett Res Corp	None	Option Contract Price	$1,001 - $2,500	
Call Boston Scientific	None	Option Contract Price	$2,501 - $5,000	
Call Boston Scientific	None	Option Contract Price	$201 - $1,000	
Call CBS Corp	None	Option Contract Price	$1,001 - $2,500	
Call Cisco Sys Inc	None	Option Contract Price	$2,501 - $5,000	
Call Disney Walt	None	Option Contract Price	$201 - $1,000	
Call Estee Lauder Co	None	Option Contract Price	$1,001 - $2,500	
Call Electronic Data	None	Option Contract Price	$201 - $1,000	
Call First Data Corp	None	Option Contract Price	$1,001 - $2,500	
Call First Data Corp	None	Option Contract Price	$1,001 - $2,500	
Call Guidant Corp	None	Option Contract Price	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Call Hewlett Packard Co	None	Option Contract Price	$1,001 - $2,500	
Call Intel Corp	None	Option Contract Price	$1,001 - $2,500	
Call Intel Corp	None	Option Contract Price	$1,001 - $2,500	
Call Intl Business Mach	None	Option Contract Price	$1,001 - $2,500	
Call Intl Business Mach	None	Option Contract Price	$2,501 - $5,000	
Call Kimberly-Clark Corp	None	Option Contract Price	$201 - $1,000	
Call Kimberly-Clark Corp	None	Option Contract Price	$201 - $1,000	
Call Lowes Cos Inc	None	Option Contract Price	$1,001 - $2,500	
Call Phillips Electronics	None	Option Contract Price	$1,001 - $2,500	
Call Phillips Electronics	None	Option Contract Price	$2,501 - $5,000	
Call R&B Falcon	None	Option Contract Price	$1,001 - $2,500	
Call TCF Finl Corp	None	Option Contract Price	$201 - $1,000	
Call Tidewater	None	Option Contract Price	$1,001 - $2,500	
Call Tidewater	None	Option Contract Price	$1,001 - $2,500	
Call United Healthcare	None	Option Contract Price	$1,001 - $2,500	
Call Xerox Corp	None	Option Contract Price	$2,501 - $5,000	
Great Hall Money Market Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	p
Nuveen Bond Fund Shares	$1,001 - $15,000	Dividends	$201 - $1,000	
Invesco Small Co. Growth	$100,001 - $250,000	Dividends	$15,001 - $50,000	p

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Janus Twenty Fund Shares	$15,001 - $50,000	Dividends	$201 - $1,000	
Price Science and Tech Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	p
Oakmark, Int. Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	P AND S
Vanguard International Value	$100,001 - $250,000	Dividends	$15,001 - $50,000	p
Charles Schwab Money Mkt. Shares	$100,001 - $250,000	Dividends	$2,501 - $5,000	p
Vanguard Municipal Bond Fund MM	$15,001 - $50,000	Dividends	$1,001 - $2,500	P AND S
Charles Schwab Tax Exempt MM	$500,001 - $1,000,000	Dividends	$15,001 - $50,000	p
Heartland Value Plus Shares	$250,001 - $500,000	Dividends	$2,501 - $5,000	p
Selected American Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Vanguard Primecap Shares	$250,001 - $500,000	Dividends	$5,001 - $15,000	P
Mutual of America 403B	$100,001 - $250,000	Dividends	$1,001 - $2,500	p
Janus Overseas	$15,001 - $50,000	Dividends	$201 - $1,000	
Invesco Balanced Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	p
Warburg Pincus Cap Apprec Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	p
American Century 20th Ultra Shares	$100,001 - $250,000	Dividends	$5,001 - $15,000	p
Franklin Mutual Shares Fund	$50,001 - $100,000	Dividends	$5,001 - $15,000	p
Vanguard Convertible Shares	$250,001 - $500,000	Dividends	$15,001 - $50,000	p
Vanguard FIS LT Corp Shares	$500,001 - $1,000,000	Dividends	$50,001 - $100,000	p
Vanguard Growth US Shares	$1,000,001 - $5,000,000	Dividends	$50,001 - $100,000	p

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Oppenheimer Multisector Shares	$1,001 - $15,000	Dividends	$201 - $1,000	
Vanguard Growth Index Fund	$15,001 - $50,000	Dividends	$201 - $1,000	
Weitz Value Fund	$100,001 - $250,000	Dividends	$5,001 - $15,000	P
First State Bank	None		None	Closed Account
Compass Bank	$15,001 - $50,000	Interest	$201 - $1,000	
Congressional Federal Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	
Guaranty Federal Savings, Austin	$1,001 - $15,000	Interest	$201 - $1,000	
TIAA-CREF Retirement	$1,001 - $15,000	Interest	$1 - $200	
AT&T Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Allied Signal	$15,001 - $50,000	Dividends	$201 - $1,000	
Bank One Corp	$15,001 - $50,000		None	P
Burlington Nthn Santa Fe	$1,001 - $15,000	Dividends	None	
Chevron Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	
Coca Cola Company	$50,001 - $100,000	Dividends	$201 - $1,000	
Driefontein Cons Sp Adrf	$1 - $1,000	Dividends	$1 - $200	
E E X Corporation (Spinoff of Enserch)	$1,001 - $15,000		None	
Edwards A G Inc Holding	$15,001 - $50,000	Dividends	$201 - $1,000	
El Paso Electric Co	$1 - $1,000		None	
Electronic Data Sys Corp	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Exxon Corporation	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
GTE Corporation	$15,001 - $50,000	Dividends	$201 - $1,000	
General Motors Corp	$1,001 - $15,000	Dividends	$201 - $1,000	
General Mtrs CP CL H New	$1,001 - $15,000		None	
International Paper Co	$1,001 - $15,000	Dividends	$201 - $1,000	
Intl Business Machines	$100,001 - $250,000	Dividends	$1,001 - $2,500	P AND S
Johnson & Johnson	$15,001 - $50,000	Dividends	$1 - $200	
K Mart Corporation	$1,001 - $15,000		None	
Lucent Technologies Inc	$15,001 - $50,000	Dividends	$1 - $200	
Merck & Co Inc	$100,001 - $250,000	Dividends	$1,001 - $2,500	P
NCR Corp New	$1,001 - $15,000		None	
Guardian Savings	None	Interest	$2,501 - $5,000	Opened/Closed Account
PPG Industries Inc	$50,001 - $100,000	Dividends	$1,001 - $2,500	P
Pool Energy Services Co	$1,001 - $15,000		None	P
Raytheon Co New Cl A	$1,001 - $15,000	Dividends	$1 - $200	
SBC Communications Inc	$15,001 - $50,000	Dividends	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Texas Utilities Co	$1,001 - $15,000	Dividends	$201 - $1,000	
Waste Management Inc Del (was WMX Technologies Inc	$15,001 - $50,000	Dividends	$1 - $200	
Whole Foods Inc Mkt Inc	$100,001 - $250,000		None	P
Alcatel (was DSC Communications)	$1,001 - $15,000	Dividends	$1 - $200	
Associates First Cap	$15,001 - $50,000	Dividends	$201 - $1,000	P
Barrett Resources Corp	$1,001 - $15,000		None	
Bayard Drilling Techs	$1,001 - $15,000		None	
Boeing Co	$15,001 - $50,000	Dividends	$201 - $1,000	
Boston Scientific Corp	$15,001 - $50,000		None	P
CBS Corporation	$15,001 - $50,000		None	P
Cisco Systems	$1,001 - $15,000		None	S
Cross Timbers Oil Co	$1 - $1,000	Dividends	$1 - $200	
Disney Walt	$1,001 - $15,000	Dividends	$1 - $200	P
Fedl Home Loan Mtg Corp	$50,001 - $100,000	Dividends	$201 - $1,000	
First Data Corp	$15,001 - $50,000	Dividends	$1 - $200	P
Hewlett-Packard Company	$15,001 - $50,000	Dividends	$201 - $1,000	
Input/Output Inc	$1,001 - $15,000		None	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Intel Corp	$50,001 - $100,000	Dividends	$1 - $200	
Kimberly Clark Corp	$15,001 - $50,000	Dividends	$201 - $1,000	
Micron Technology	$15,001 - $50,000		None	
Noble Drilling Corp	$15,001 - $50,000		None	
Ocean Energy (was United Meridian Corp)	$1,001 - $15,000		None	
Oracle Corp	$15,001 - $50,000		None	
Philips Electronics NV	$15,001 - $50,000	Dividends	$201 - $1,000	P
R&B Falcon Corp	$1,001 - $15,000		None	
Schlotzskys Inc	$15,001 - $50,000		None	P
Sonat Corporation	$1,001 - $15,000	Dividends	$201 - $1,000	
TCF Financial Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
Tidewater Inc	$1,001 - $15,000	Dividends	$201 - $1,000	P
Xerox Corp	$15,001 - $50,000	Dividends	$201 - $1,000	P
YPF Sociedad Anonima	$15,001 - $50,000	Dividends	$201 - $1,000	
Guidant Corp	None	Dividends	$1 - $200	P AND S
Lowes Companies Inc	None	Dividends	$1 - $200	S
Estee Lauder	None	Dividends	$1 - $200	S
Amgen Inc	None		None	S

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Sun Microsystems Inc	None		None	S
United Healthcare	None	Dividends	$1 - $200	S
Cypress-Fbnks TX Indep School District Due 2/15/06	$1,001 - $15,000	Interest	$201 - $1,000	
Fort Bend TX Indep School District Due 2/15/03	$1,001 - $15,000	Interest	$201 - $1,000	
Houston TX Indep School District Due 8/15/11	$1,001 - $15,000	Interest	$1 - $200	
Lewisville TX Indep School District Due 8/15/07	$15,001 - $50,000		None	
INSD MUN INCM TR SR 86 Semi Annual	$1,001 - $15,000	Dividends	$201 - $1,000	
INSD MUN INCM TR UNIT SR 200	$1,001 - $15,000	Dividends	$1,001 - $2,500	
INSD MUNI INCM TR SER 240	$1,001 - $15,000	Dividends	$1 - $200	
TX INSD MUNI INCM TR SER 31	$1,001 - $15,000	Dividends	$201 - $1,000	
New Urban Partners Ltd	$1,001 - $15,000		None	P

Name Lloyd Doggett | Page 1 of 4

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Amgen	Sold	07/20/98	$15,001 - $50,000
	Associates First Cap	Purchase	07/17/98	$15,001 - $50,000
	Boston Scientific	Purchase	07/17/98	$15,001 - $50,000
	CBS Corporation	Purchase	02/02/98	$15,001 - $50,000
	Cisco Sys Inc	Sold	07/20/98	$15,001 - $50,000
	Disney Walt (Del)	Purchase	07/17/98	$15,001 - $50,000
	Estee Lauder Companies	Sold	04/20/98	$15,001 - $50,000
	First Data Corp	Purchase	02/02/98	$15,001 - $50,000
	Guidant Corp	Purchase	04/28/98	$15,001 - $50,000
	Guidant Corp	Sold	10/19/98	$15,001 - $50,000
	Intl Business Mach Corp	Sold	10/19/98	$50,001 - $100,000
	Lowes Companies Inc Com	Sold	07/15/98	$15,001 - $50,000
	Lowes Companies Inc Com	Sold	07/20/98	$1,001 - $15,000
	Philips Electronics N V	Purchase	02/04/98	$15,001 - $50,000
	Sun Microsystems Inc	Sold	01/20/98	$15,001 - $50,000
	TCF Financial Corporation	Purchase	07/17/98	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Tidewater Inc	Purchase	02/02/98	$15,001 - $50,000
	United Healthcare Corp	Sold	06/22/98	$15,001 - $50,000
	Xerox Corp	Purchase	07/20/98	$15,001 - $50,000
	Great Hall Money Market Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Invesco Small Co Growth	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Price Science and Tech Shares	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Oakmark, Int. shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Oakmark, Int. Shares	Sold	12/21/98	$100,001 - $250,000
	Vanguard International Value	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Charles Schwab Money Market Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Municipal Bond Fund MM	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Municipal Bond Fund MM	Sold	7/13/98	$15,001 - $50,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP DC JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Charles Schwab Tax Exempt MM	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Heartland Value Plus Shares	Purchase	Quarterly	$1,001 - $15,000
	Selected American Shares	Purchase	Quarterly	$1,001 - $15,000
	Vanguard Primecap Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Mutual of America 403B	Purchase	Dividends Reinvestment	$1,001 - $15,000
	New Urban Partners Ltd	Purchase	04/03/98	$1,001 - $15,000
	Invesco Balanced Fund	Purchase	Quarterly	$1,001 - $15,000
	Warburg Pincus Cap Apprec Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	American Century 20th Ultra Shares	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Franklin Mutual Shares Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Vanguard Convertible Shares	Purchase	Dividends Reinvestment	$15,001 - $50,000
	Vanguard FIS LT Corp Shares	Purchase	Dividends Reinvestment	$50,001 - $100,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example:	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Vanguard Growth US Shares	Purchase	Dividends Reinvestment	$50,001 - $100,000
	Whole Foods Mkt Inc	Purchase	12/31/98	$15,001 - $50,000
	Weitz Value Fund	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Exxon Corporation	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Merck & Co Inc	Purchase	Dividends Reinvestment	$1,001 - $15,000
	PPG Industries	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Schlotzky's Inc	Purchase	12/31/98	$1,001 - $15,000
	Intl Business Mach Corp	Purchase	Dividends Reinvestment	$1,001 - $15,000
	Farah Inc	Sold	07/31/98	$15,001 - $50,000
	Bank One Corp	Purchase	09/30/98	$15,001 - $50,000
	Weitz Value Fund	Purchase	07/20/98	$50,001 - $100,000
	Vanguard Growth Index Fund	Purchase	07/13/98	$15,001 - $50,000
	Pool Energy Services	Purchase	03/03/98	$1,001 - $15,000

Name Lloyd Doggett | Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Simmons 1st National Bank, Little Rock, Ark. (1/4)	Mortgage 1510 Ullrich, 508 Gatetree, Austin, TX	$50,001 - $100,000

Name Lloyd Doggett	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce Mega Corporation	Mar 2 Aug 6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
The Aspen Institute	May 25 - June 1, 1998	Washington, D.C. - Montreux, Switzerland - Washington, D.C.	Y	Y	Y	2, personal expense
The Aspen Institute	August 12 - 31, 1998	Washington, D.C. - Vienna, Austria - Budapest, Hungary - Bucharest, Romania - Washington, DC	Y	Y	Y	12, personal expense
No public funds were used for the above educational travel, which complied with the terms of the rule limiting receipt of gifts						

Name Lloyd Doggett	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization; partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Perlmutter, Marston, Jacks & Doggett
	(Owns 1510 Ullrich, 508 Gatetree, Austin

LLOYD DOGGETT
10TH DISTRICT, TEXAS

COMMITTEE ON
WAYS AND MEANS

SUBCOMMITTEE ON
SOCIAL SECURITY

HAND DELIVERED

WASHINGTON OFFICE
328 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-4865
DISTRICT OFFICE
763 FEDERAL BUILDING
AUSTIN, TX 78701
(512) 916-5921
E-MAIL: LLOYD.DOGGETT@MAIL.HOUSE.GOV
http://www.house.gov/doggett/

Congress of the United States
House of Representatives

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June 11, 1999

1
✓
MC

The Honorable Jeff Trandahl
Clerk of the House of Representatives
H-154
Washington, D.C. 20515

Dear Mr. Trandahl

In response to questions from your office regarding my 1998 financial disclosure statement, please be advised that: Maytag listed on Schedule III is the same note due 07/15/99 included in previous statements. Neither the 1/4 interest in the estate of Catherine Belk nor the 1/4 interest in the Corpus of Mary S. Crowell Trust are listed because both have been terminated.

Sincerely,

Lloyd Doggett

Lloyd Doggett

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:26
CLERK, U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.
MA (Office Use Only)

CAL DOOLEY
(Full Name)

U.S. HOUSE OF REPRESENTATIVES, 1201 Longworth House Ofc. Bldg.
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone
(202) 225-3341

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Cal Dooley

DATE (Month/Day/Year): 05/17/99

Name	DOOLEY	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bryce Harlow Foundation	Spouse salary	NA
	Georgetown University	Spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DOOLEY

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
	Examples				
SP	Mega Corp. Stock	X (A: $15,001 – $50,000)			P
	Simon & Schuster	Indefinite			
	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)			
	Dooley Farms Partnership (inc. equipment, crops, leased improvements on 120 acres in Visalia and Tulare)	X (F: $100,001 – $250,000)	Farm income	X (VIII: $50,001 – $100,000) (net) X (IX: $100,001 – $1,000,000) (gross)	
	1/3 interest in 60 acres, Webb Ranch & McAuliffe Ave.	X (F: $100,001 – $250,000)	X (Capital gains)	no gain	X (IX: $100,001 – $1,000,000)	Transfer to Packwood
	Dooley for Congress (loan)	X (D: $15,001 – $50,000)		no income	X (I: None)	

Value of Asset: A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000

Type of Income: Dividends; Rent; Interest; Capital gains; Excepted trust; Qualified blind trust; Other: Type of income (Specify. For Example: Partnership Income or Farm Income)

Amount of Income: I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOOLEY

Page 4 of 9

SP. DC. JI	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Congressional Federal Credit Union			X												X								X								
	CalCot Limited			X																Combined w/ farm income listed above												
	County Line Gin			X																Combined w/ farm income listed above												
	Diamond Walnut			X																Combined w/ farm income listed above												
	Packwood RE Partnership (25% share), 24 acres at Feemstra & McAuliffe						X													Partnership income					X							
	American Funds: The Investment Co. of America				X									X			X							X								
	American Funds: The New Economy Fund				X									X			X							X								
	American Funds: New Perspective Fund				X									X			X							X								
	American Funds: Washington Mutual Investors Fund				X									X			X							X								
	American Funds: Europacific Growth Funds				X									X			X							X								
	Packwood RE Packwood (loan)						X													None	X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOOLEY

Page 5 of 1

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Schwab--Money Market				X											X								X								
	Schwab--S&P 500					X								X			X						X									
	Schwab--1000 Fund				X									X								X										
	Schwab--MM Smallcap			X										X								X										
	Cohen & Steers Realty			X										X			X							X								
	Invesco Latin America			X										X			X					X										
	Robt. Stephens Info. Age			X																None	X											
	Scudder Latin America			X										X			X						X									

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SCHEDULE IV — TRANSACTIONS

Name DOOLEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Sales of lots: Packwood RE Partnership		X		1/29-12/28			X							

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Name	DOOLEY	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Mineral King (50% share)	Mortgage on McAuliffe & Walnut		X								
	Mineral King	Crop loan (Dooley Farms Partnership)		X								
	Visalia Community Bank (25% share)	Packwood RE Partnership development loan					X					
	Robert Merrill (25% share)	Packwood RE Partnership development loan				X						
	Bank of Visalia	Packwood RE Partnership development loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	DOOLEY	Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Dairy Foods Association	Jan.12-14	Wash., D.C. - Phoenix - Wash., D.C.	Y	Y	Y	N
	National Assoc. of Home-Builders	Jan.17-18	Wash., D.C. - Dallas, TX - Visalia, CA	Y	Y	N	N
	National Cattlemen's Beef Assoc.	Feb. 5-6	Wash., D.C. - Denver, CO - Wash., D.C.	Y	N	N	N
	Democratic Leadership Council	May 1-3	Wash., D.C. - New Orleans, LA - Wash,DC	Y	Y	Y	N
	Grocery Manufacturers of America	June 13-15	Wash., D.C. - White Sulphur Springs - Wash., D.C.	Y	Y	Y	N
	National Foreign Trade Council	Nov. 4-5	Visalia, CA - San Francisco - Wash., D.C.	Y	N	N	N
	Congressional Economic Leadership Institute	Nov. 29-Dec. 6	Wash., D.C. - Brussels-London - Wash., D.C.	Y	Y	Y	N

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Name	DOOLEY	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Dooley Farms Partnership (38% interest) -- see schedule III
Partner	Packwood RE Partnership (25% interest) -- see schedule III

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

John Taylor Doolittle
(Full Name)
1526 Longworth HOB
(Mailing Address)
Washington, DC 20515
Daytime Telephone (202) 225-2511

(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State: District:	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/26/99

1078

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Events Plus	Spouse income	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John T. Doolittle | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: Transaction (P, S, E)
SP, DC, JT	SP Mega Corp Stock					X								X																		P
	Examples Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X																
1	Investment club of America (IRA - Mutual Fund)				X										NA						NA											
2	AOL Stock (Education IRA)			X													X						X									P
3	Dell Stock (IRA)			X													X						X									P
4	Neuberger + Berman Partners (Mutual fund)			X													X						X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John T. Doolittle | Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
(S)	CA Legislative Retirement Systems			X										N/A							N/A											
(S)	APN # 54-151-31 (Nevada Co. Promissory Note)			X												X				principal					X							

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SCHEDULE IV — TRANSACTIONS

Name John T. Doolittle | Page 10 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	ADL Stock (Education IRA)	X			9-9-98	X									
	Dell Stock (IRA)	X			9-9-98	X									
	Neuberger (Mutual Fund)	X			5-4-98	X									

This page may be copied if more space is required.

Name John T. Doolittle | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Congressional Federal Credit Union	Personal credit		X								
	MBNA America	Personal credit		X								
	Citibank	personal credit		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	California Forestry Association	Jan 15-16	Sacramento → Monterey → Wash, DC	Y	Y	Y	N
	Reno Logging Conference	Feb 5-6	Wash, DC → Reno → Sacramento	Y	N	N	N
	Family Farm Alliance	March 2	Wash, DC → Las Vegas → Wash, DC	N	N	N	N
	Sikh Cultural Society	April 24-26	Wash, DC → NYC → Wash, DC	Y	Y	Y	N
	Association of the Bar of the City of New York	Nov. 8-9	Wash, DC → NYC → Wash, DC	Y	N	N	N

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58-073 99 - 35

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
partner	J-T investments (No income in 1998)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

JOHN T. DOOLITTLE
4TH DISTRICT, CALIFORNIA

DEPUTY WHIP

COMMITTEES
GOVERNMENT REFORM
RESOURCES
CHAIRMAN—SUBCOMMITTEE ON WATER AND POWER
TRANSPORTATION AND INFRASTRUCTURE
JOINT ECONOMIC COMMITTEE

99 JUN -9 PM 3:5 INSIDE MAIL

Congress of the United States
House of Representatives

1526 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0504
202: 225-2511

2130 PROFESSIONAL DRIVE, SUITE 190
ROSEVILLE, CA 95661-3738
916: 786-5560
800: 232-1336

Doolittle@mail.house.gov
http://www.house.gov/doolittle

June 8, 1999

The Honorable Jeff Trandahl
The Clerk of the House
H-154, The Capitol
Washington, DC 20515

MC

Dear Mr. Trandahl:

This letter amends my financial disclosure filling submitted for the 1998 calendar year.

I inadvertently marked the "Yes" box for donations to charity in lieu of honoraria on the summary page. I should have marked the "No" box since no honoraria were received in the calendar year.

Thank you in advance for your consideration.

Sincerely,

John T. Doolittle

John T. Doolittle
United States Representative

THIS MAILING WAS PREPARED, PUBLISHED AND MAILED AT TAXPAYER EXPENSE. PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 12 AM 11:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

Michael F. Doyle, Jr.
(Full Name)

2227 Hampton Street
Pittsburgh, PA 15218
(Mailing Address)

412) 247-4898
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 18	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/11/99

Name	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Eastgate Insurance Agency	Renwal Commissions *	$6,621.68
		*From policies issued prior to coming to Congress.	

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	N/A			

This page may be copied if more space is required.

Name	Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used

If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

				A	B	C		E	F	G	H	I	J	K	L																										
				None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	$1,000,001 – $5,000,000	$5,000,001 – $25,000,000	$25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example Partnership Income or Farm Income)	None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	$1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp Stock					X								X																									P
			Simon & Schuster			Indefinite																Royalties									X									
			1st Bank of Paducah, KY accounts						X									X										X													
JT	J&M Associates (50% owner of following holdings):																																								
	7223 Church St., Pgh, PA						XX										XX							XX			XX													
	712 S. Trenton Ave., Pgh, PA						XX										XX							XX				XX													
	7643 Highland Ave., Pgh, PA						XX										XX							XX				XX													
JT	Monogahela Co. (25% owner of the following holdings):																																								
	1916 Monogahela Ave., Pgh, PA						XX										XX							XX				XX													

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK F Transaction P, S, E
JT	Eastgate Insurance Agency (45% owned)						XX														XX											
	S.E.R.S. - Commonwealth of PA						XX														XX											

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name	Page of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		X								
	N/A														

This page may be copied if more space is required.

Name	Page of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H $1,000,001 - $5,000,000	I $5,000,001 - $25,000,000	J $25,000,001 - $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	S&T Bank of Pittsburgh, Pgh, PA	Mortgage on properties held by I&M Assoc (50% owned)			XX							
JT	PNC Corp, Pgh, PA	Mortgage on properties held by Monongahela Co. (75% owned)	XX									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name	Page of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

Name	Page of

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary/Treasurer	Eastgate Insurance Agency, Inc.
Partner	I&M Associates
Partner	Monogahela Company

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE.	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

MIKE DOYLE
18TH DISTRICT, PENNSYLVANIA

COMMITTEE ON SCIENCE
SUBCOMMITTEES:
ENERGY AND ENVIRONMENT
TECHNOLOGY

COMMITTEE ON
VETERANS' AFFAIRS
SUBCOMMITTEE
HEALTH

DEMOCRATIC WHIP,
SOPHOMORE CLASS

Congress of the United States
House of Representatives

133 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2135

DISTRICT OFFICES

11 DUFF ROAD
PENN HILLS, PA 15235
(412) 241-6055

541 FIFTH AVENUE
MCKEESPORT, PA 15132
(412) 664-4045

E-MAIL
rep.doyle@mail.house.gov

WEB SITE:
http://www.house.gov/doyle

May 18, 1999

V

MC

1

HAND DELIVERED

99MAY 18 PM 9:26

The Honorable Jeff Trandahl
Clerk of the House
H-154 the Capitol
Washington, DC 20515

Dear Mr. Trandahl:

This letter will serve to amend the Financial Disclosure Statement for calendar year 1998 that I had filed May 13, 1999.

Question *VII* of the *Preliminary Information* section on Page 1 was inadvertently answered *"yes"*. This is incorrect as neither myself, my spouse or child received any reportable travel during the 1998 calendar year.

Should you need any further information, please contact Ellen Young of my staff at 225-2135.

Sincerely,

Mike Doyle

Michael F. Doyle
Member of Congress

ey

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 12:07
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERY
(Office Use Only)

DAVID T. DREIER
(Full Name)
Room 237, Cannon House Office Building
(Mailing Address)
Washington, DC 20515
Daytime Telephone
(202) 225-2305

Filer Status	[X] Member of the U S House of Representatives	State CA District 28	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL David T. Dreier

DATE (Month/Day/Year) MAY 13, 1999

1098

Name	David T. Dreier	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H. E. Dreier, Jr., Inc.	Approved fee	$12,000

For payments to charity in lieu of honoraria, use Schedule II.

Name	David T. Dreier	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1998	$500
National Association of Independent Insurers	Speech	March 4, 1998	$ 500
Food Marketing Institute	Speech	May 4, 1998	$2,000
Semiconductor Equipment & Materials International	Speech	May 6, 1998	$1,000
Preston Gates Ellis & Rouvelas Meeds LLP	Speech	September 9, 1998	$1,000
National Realty Committee, Inc.	Speech	September 23, 1998	$1,000
Information Technology Industry Council	Speech	October 19, 1998	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: David T. Dreier

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples	SP	Mega Corp Stock	Indefinite			X																													P, S, E
			Simon & Schuster																																	
			1st Bank of Paducah, KY accounts					X																												
			Royalties																																	
	Roseville Commun.-stock						X																													
	IBM-stock							X																												S
	Interest earning checking																																			
	Cong. Fed. Credit Union Money Market Account			X																																
	Cong. Fed. Credit Union		X																																	
	Oklahoma Publishing Co. Stock								X																											
	Gaylord Entertainment Co. Stock								X																											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David T. Dreier

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 - $1,000; C $1,001 - $15,000; D $15,001 - $50,000; E $50,001 - $100,000; F $100,001 - $250,000; G $250,001 - $500,000; H $500,001 - $1,000,000; I $1,000,001 - $5,000,000; J $5,000,001 - $25,000,000; K $25,000,001 - $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify)	I None; II $1 - $200; III $201 - $1,000; IV $1,001 - $2,500; V $2,501 - $5,000; VI $5,001 - $15,000; VII $15,001 - $50,000; VIII $50,001 - $100,000; IX $100,001 - $1,000,000; X $1,000,001 - $5,000,000; XI Over $5,000,000	P, S, E
	Olde Money Market Acct.	F	DIVIDENDS	V	
	Olde IRA Acct.	D			
	John Hancock Mutual Fund	F	DIVIDENDS	III	
	Singer Co. NV -stock	C	DIVIDENDS	II	
	Compaq-stock	A	DIVIDENDS; CAPITAL GAINS	VI	S
	Freeport-McMoran Ltd.	C	DIVIDENDS	I	
	Property-5 Stratford, RM,CA	G	RENT	VI	
	CBS Corporation-stock	H	DIVIDENDS	III	
	Caterpillar-stock	D	DIVIDENDS	III	
	Ericsson L.M.-stock	E	DIVIDENDS	III	
	Phillip Morris-stock	E	DIVIDENDS	III	P
	Falcon Drilling-stock	C	DIVIDENDS	II	
	Franklin Mutual	D	DIVIDENDS	III	P
	SBC Communications-stock	A	DIVIDENDS; CAPITAL GAINS	V	P,S
	Templeton Russia Fund	A	DIVIDENDS; CAPITAL GAINS	VI	S
	Cendant Corp	A	DIVIDENDS	I	P,S
	Bakersfield CA CTFS	D	INTEREST	III	P
	Seligman Comm.	C	DIVIDENDS	III	
	Novell	C	DIVIDENDS	III	
	Seligman Henderson	D	DIVIDENDS	I	P
	Phosphnate Resource Partners	C	DIVIDENDS	I	E
	Mass. Mutual Life Ins.	E	INTEREST	III	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David T. Dreier

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, F
	Lancaster Capital Corp.	X												X	X	X										X					S
	Tiffany Manor Ltd. Partshp.									X					X	X												X			

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Name David T. Dreier | Page 7 of 10

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	IBM-stock		X		11-20-98		X								
	Compaq-stock		X		12-03-98		X								
	Phillip Morris-stock	X			4-06-98		X								
	Franklin Mutual	X			2-04-98	X									
	Franklin Mutual	X			3-26-98	X									
	SBC Communications-stock	X			6-29-98		X								
			X		11-13-98		X								
	Templeton Russia Fund		X		11-20-98	X									
	Cendant Corp.	X			7-02-98	X									
			X		11-20-98		X								
	Bakersfield CA CTFS Partnership	X			8-28-98		X								
	Seligman Henderson	X			3-26-98	X									
	Seligman Henderson	X			11-20-98	X									
	Phosphate Resource Partnership (part of Freeport McMoran)			X	01-01-98	X									
	Lancaster Capital Corp. LTD.		X		10-13-98		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Olympic Regional Dev. Authority	02-06-98 02-08-98	Washington DC--Lake Placid NY--Washington DC	Y	Y	N	
	Polyconomics, Inc.	02-26-98 03-01-98	Washington DC--West Palm Beach, FL--Washington DC	Y	Y	N	
	Food Marketing Institute	05-03-98 05-04-98	Washington DC--Chicago--Washington DC	Y	Y	N	
	ECAT	07-19-98 07-20-98	Washington DC--New York --Washington DC	Y	Y	N	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Secretary	The Dreier Family Foundation
Board of Trsutees	Claremont McKenna College, Claremont, California
Board Member	International Republican Institute
Co-Chairman of the Board	Los Angeles Committee for the Homeless (Los Angeles Mission)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

DAVID DREIER
CALIFORNIA

COMMITTEE ON
RULES

HAND DELIVERED

237 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2305

112 NORTH SECOND AVENUE
COVINA, CA 91723
(626) 339-9078
(909) 592-2857

http://www.house.gov/dreier

Congress of the United States
House of Representatives
Washington, DC 20515

May 21, 1999

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
B-106 Cannon House Office Building
Legislative Resource Center
Washington, D.C. 20515

Dear Mr. Trandahl:

Please consider this letter an amendment to my Financial Disclosure Statement for Calendar Year 1998.

I inadvertently omitted the "Y" or "N" from the appropriate column on Schedule VII. I am enclosing an amended page of Schedule VII, reflecting this information.

Thank you for your assistance with this matter.

Sincerely,

David Dreier

David Dreier

DD:jh

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Olympic Regional Dev. Authority	02-06-98 02-08-98	Washington DC--Lake Placid NY--Washington DC	Y	Y	N	N
	Polyconomics, Inc.	02-26-98 03-01-98	Washington DC--West Palm Beach, FL--Washington DC	Y	Y	N	N
	Food Marketing Institute	05-03-98 05-04-98	Washington DC--Chicago--Washington DC	Y	Y	N	N
	BCAT	07-19-98 07-20-98	Washington DC--New York --Washington DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
99 MAY 17 PM 2:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

John J. Duncan, Jr.
(Full Name)

12227 Brighton Court.
(Mailing Address)

Knoxville TN 37922

Daytime Telephone 202-225-5435

Filer Status	[X] Member of the U.S. House of Representatives	State / District	TN / 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [X] No [ ]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [X] No [ ]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/15/99

1110

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State State of Maryland Civil War Roundtable (Oct. 2nd) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	$10,000 $9,000 $1,000 NA
	Boys and Girls Clubs of Greater Knoxville, Inc	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John J. Duncan, Jr | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	American Rental Association	speech	4/28/98	$500.00

Name John J. Duncan, Jr | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples* SP Mega Corp. Stock JT 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
DC Cracker Barrel (stock)	$1 - $1,000	Dividends	$1 - $200	
Bank First IRA (Total Value of entire acct. at the end of '98 was $88,538.94)-Short Term US Govt. TR-P	$1 - $1,000	Dividends	$1 - $200	
Bank First IRA-Fidelity Value	$1,001 - $15,000	Dividends	$1,001 - $2,500	
Bank First IRA-Fidelity Low Priced Stock	$1,001 - $15,000	Dividends	$1,001 - $2,500	
Bank First IRA-Fidelity Fund #0003	$1,001 - $15,000	Dividends	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Bank First IRA-BankFirst stock (formerly listed as Smoky Mtn. Bancorp)	$50,001 - $100,000	Dividends	$5,001 - $15,000	
	First Central Bank Stock	$1,001 - $15,000	Dividends	None	
	Equipment Leasing	None	Interest	None	Chapter 11 filed
	State of Tennessee-pension 457 plan	$1,001 - $15,000	Interest	$1 - $200	
DC	McDonald's Corp	$1,001 - $15,000	Dividends	$1 - $200	
	Congressional Credit Union -CD	$1,001 - $15,000	Interest	$1 - $200	
DC	Chevy Chase-CD	None	Interest	$201 - $1,000	closed
DC	Cape Cod Bank & Trust (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
DC	Puget Sound Energy	$1,001 - $15,000	Dividends	$1 - $200	P
	Cape Cod Bank & Trust (stock)	$1,001 - $15,000	Dividends	$1 - $200	P
	Bank First -CD rolled to money market	$15,001 - $50,000	Interest	$2,501 - $5,000	
	Congressional Credit Union	$1,001 - $15,000	Interest	$1 - $200	
	Independence Federal CD	None	Interest	$1,001 - $2,500	closed
	BankFirst (Stock)	$50,001 - $100,000	Dividends	None	P
	7 1/2% ownership interest in the Knoxville Baseball Club	$15,001 - $50,000	Capital Gains	$50,001 - $100,000	redemption of stock

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/1/98	$15,001 - $50,000
DC	Chevy Chase CD	Sold	6/2/98	$1,001 - $15,000
DC	Cape Cod (stock)	Purchase	7/15/98	$1,001 - $15,000
DC	Puget Sound Energy	Purchase	7/15/98	$1,001 - $15,000
	Cape Cod (stock)	Purchase	7/15/98	$1,001 - $15,000
	Independence Federal	Sold	8/21/98	$15,001 - $50,000
	BankFirst (stock)	Purchase	9/2/98	$50,001 - $100,000
	7 1/2% ownership interest in the Knoxville Baseball Club	Sold	12/31/98	$50,001 - $100,000

Name John J. Duncan, Jr	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000

Name John J. Duncan, Jr. Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.
Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.
Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Lynn Duncan (spouse)	slot machine winnings	$5,200.00

Name	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

JOHN J. DUNCAN, JR.
2ND DISTRICT, TENNESSEE
2400 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4202
PHONE: (202) 225-5435
FAX: (202) 225-6440

800 MARKET STREET
SUITE 110
KNOXVILLE, TN 37902
PHONE: (423) 523-1172
FAX: (423) 544-0128

202 E. BROADWAY
MARYVILLE, TN 37804-5762
PHONE: (423) 984-5484
FAX: (423) 984-[illegible]

[illegible] E. MADISON AVENUE
COURTHOUSE
ATHENS, TN 37303-4291
PHONE: (423) 745-[illegible]
FAX: (423) 745-[illegible]

Congress of the United States
House of Representatives
Washington, DC 20515–4202

[illegible]
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES:
AVIATION—CHAIRMAN
PUBLIC BUILDINGS AND
ECONOMIC DEVELOPMENT

RESOURCES
SUBCOMMITTEES:
NATIONAL PARKS, FORESTS AND PUBLIC LANDS
ENERGY AND MINERAL
RESOURCES

E-MAIL: j.duncan@mail.house.gov
Home Page
HTTP://www.house.gov/duncan

May 14, 1999

Mr. Jeff Trandahl
Clerk of the House of Representatives
H-154 Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

This letter is sent to accompany my 1998 Financial Disclosure Form and to provide additional details in regard to my relationship with the Knoxville Baseball Club.

I previously did not list my 7 1/2% ownership interest in the Knoxville Baseball Club because I did not think I would ever receive anything for it. It was a minority interest in a small, non-publicly-traded company. There was never any readily available or easily ascertainable value that I knew.

Perhaps even more importantly, for most of the time I was involved with the Knoxville Baseball Club, it was something my father and I did to try to make our City better rather than to make money. My father was one of the founders, and throughout the 50s, 60s, 70s and early 80s, any profits (and there were very few) were put back into the team. Up until the late 70s, you almost could not give away a minor league baseball team.

When we agreed to sell our stock, effective January 1, 1985, we agreed to sell all of it. However, the Toronto Baseball Club, to whom we were selling, wanted some local involvement so they asked me to keep a little of the stock. I agreed, but thought it was simply for public relations, and I never thought I would get any additional money for my stock. Toronto owned most of the stock and certainly did not need my stock to sell control if they ever did.

Thus, a few years later, it was a surprise to me when a representative of Toronto called and asked if I wanted to sell my stock along with the stock they were selling. I said yes, but still did not know how much money I would get for my stock. This transaction took a great deal of time.

I did not list any information on my financial disclosure forms prior to this because I did not know what the total value of my interest in Knoxville Baseball, Inc. was until I received a letter from the Toronto Blue Jays dated February 2, 1999 giving me this information.

PRINTED ON RECYCLED PAPER

I also sought advice from the Committee on Standards of Official Conduct each year to make sure I was handling this report properly. I was told by Committee staff that it was not necessary to list this information on my reports until the final redemption.

I did receive advances in 1995, 1996, 1997 and 1998. Coopers & Lybrand in a letter to Susan Quigley, Vice President, Finance and Administration at the Toronto Blue Jays stated in a February 29, 1996 letter, "shareholders have received payments during 1995, which we believe should be treated as an advance to the shareholders on the books of the corporation. This treatment is reasonable since no redemption agreement has been executed nor have dividends been declared by the corporation at this time....nor have the shareholders transferred the ownership of their stock or endorsed the shares in writing to the corporation." They go on to say in discussing various court decisions regarding the timing of a redemption, "It has also been held that where payments were made in advance of a final redemption and the final price was to be determined at a future date, the payments were not dividends and the redemption occurred when the shareholder surrendered the shares." I have attached a copy of this letter for review.

Also attached are copies of letters from the Toronto Blue Jays. In the May 14, 1996 letter it states, "We are still awaiting resolution of an IRS assessment. When final clearance is received, we will determine the price of your shares on wind-up of the corporation." In a subsequent letter dated January 15, 1997 Susan Quigley of the Toronto Blue Jays states, "the total balance to be paid out was not known." Copies of these letters are also attached.

I never was advised how much I would receive for the stock. They said they were going to sell the stock and keep out the money they had invested in the club and the ballpark. In a letter dated February 2, 1999, I was told the final amount I would receive for my shares. The payment history and total amount is as follows: Sept. 1995 - $40,000; Dec. 1995 - $30,136.90; Dec. 1997 - $2,576.67; and Dec. 1998 - $16,657.38. Also as indicated in the May 14, 1996, letter outlining receipt of the Dec. 1995 check, although the checks were sometimes dated in the prior year, there were many months delay in getting most of these checks.

Knoxville Baseball, Inc. has been dissolved and the corporation liquidated. That process has taken a great deal of time, but I am now able, for the first time, to file a complete and accurate report on the value of that stock.

If you have any questions, or need any additional details, please let me know.

Sincerely,

JOHN J. DUNCAN, JR.
Member of Congress

JJD:jw

TORONTO BLUE JAYS
BASEBALL CLUB

January 15, 1997

Congressman Jimmy Duncan
832 Andover Blvd.
Knoxville, TN 37922

Dear Congressman Duncan:

RE: KNOXVILLE BASEBALL, INC. DISTRIBUTIONS

As a followup to some of your enquiries, I am writing this letter to update you on the status of the distributions resulting from the sale of the Knoxville Baseball Club in 1995.

In 1995 and 1996 you received payments which were treated as advances on the full amount owing to you. Since there were still a few matters outstanding in 1996, the total balance to be paid out was not known, and a distribution was not made this past year. These issues will be resolved in 1997, at which time a final payment will be made to you.

For tax purposes, no tax forms will be issued for 1996, since both 1995's and 1996's payments were considered advances on the final distribution to be made on the windup of Knoxville Baseball, Inc. The full amount of the dividend distribution will be the sum of the three years' payments and will be recorded on a miscellaneous Income Form 1099DIV for the 1997 tax year. You will receive this form in February, 1998.

I hope this explanation clarifies the current status and your tax position. If you have any questions, please call me directly at (416) 341-1110.

Yours very truly,

Susan Quigley
Director, Finance

SQ098/lw

cc: Bob Nicholson

TORONTO BLUE JAYS
BASEBALL CLUB

May 14, 1996

Mr. John Duncan Jr
U.S. Post Office Building
501 Main Street
Knoxville, Tenn
USA 37902

Dear Jimmy:

Enclosed please find a check in the amount of $30,136.90 representing a partial advance against the proceeds due to you from the final redemption of your shares in Knoxville Baseball Inc.

We are still awaiting resolution of an IRS assessment. When final clearance is received, we will determine the price of your shares on wind-up of the Corporation.

Please be advised a final reconciliation will be prepared at that time. In calculating the impact on your 1996 taxable income, you must determine your cost-base of the investment in the Club.

Sincerely,

Robert W. Nicholson
Vice-President, Business

RWN:af
Enclosure

AMERICAN LEAGUE EAST [illegible]
AMERICAN LEAGUE [illegible]
[illegible]
One Blue Jays Way, Suite 3200, Toronto, Ontario, Canada M5V 1J1 Tel [illegible] 341-[illegible]

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 5:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Jennifer B. Dunn
(Full Name)

432 Cannon HOB
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202-225-7761

Filer Status	[X] Member of the U.S. House of Representatives	State Washington District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jennifer B. Dunn

DATE (Month/Day/Year): 5/13/99

Name Jennifer B. Dunn	Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	N/A			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jennifer B. Dunn

Page 3 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*				
SP	Mega Corp Stock	X	X	X	P
DC	Simon & Schuster	Indefinite			
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Cognative Associates RE: Limited Partnership	X	X	X	
	IDS High Yield Tax Exempt Fund Class A	X	X	X	
	IDS Cash Management Fund Class A	X	X	X	
	IRA - IDS Flexible Annunity	X	X	N/A	
	Bryant R. Dunn Sub-Trust B (excepted trust)	Not Known	X	X	
	Condo: Desert Island Rancho Mirage, CA #305	X	X	X (Net Loss)	

Royalties

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jennifer B. Dunn

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	National Financial Ctr. Thrift Savings Plan					X								X		X										X					
	Bankamerica Corporation (common stock)		X											X								X									

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SCHEDULE IV — TRANSACTIONS

Name Jennifer B. Dunn

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Condo: 50% Interest, Desert Island, Rancho Mirage, CA #305		X		01-01-98				X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Mission Hills Mortgage Corp. PO Box 22017 Santa Ana, CA 92702	Condo: 50% Interest-Desert Isand, Rancho Mirage CA #305			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Heritage Foundation	May 22-28	Wash DC-Hong Kong-Shanghai-Taipei-Seattle	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner (50% Interest)	Dunn-Mijich (a joint venture partnership to own/manage rental condo in Rancho Mirage CA-See Schedule I)
Member-US House Cong. Advisory Board	International Republican Institute
Board Member	National Junior Statesmen Foundation
Board Member	National Endowment for Democracy
Director	Presidential Commission on Debates
Board Member	The Lexington Institute

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

Name Jennifer B. Dunn	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Americans Discuss Social Security
Member Capital Campaign Board	Eastside Domestic Violence Center for Women
Member	East King County Multi Service Center Steering Committee

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 66-195 (mac)

Use additional sheets if more space is required

May 19, 1999

HAND DELIVERED

Clerk of the House of Representatives
Legislative Resource Center
Room B-106 Cannon House Office Building
Washington, D.C. 20515-6612

1

MC

RE: Financial Disclosure Statements for 1996, 1997, and 1998

Dear Clerk,

Per conversations between your Mr. David Laufman and my accountant, Mr. Patrick G. Murray, the above referenced Financial Statements have been submitted incorrectly. The Schedule III - Assets and "Unearned" Income were prepared reporting net rental activity for my 50% interest in the Desert Island Rancho Mirage, California condominium. The correct reporting requires disclosure of my 50% interest in the Gross Rental Income.

This letter is to amend the information reflected in Block D for the above years as follows:

Year	50% Interest in Gross Rental Income
1996	Column V - $2,501 to $5,000
1997	Column VI - $5,001 to $15,000
1998	Column VI - $5,001 to $15,000

I trust the foregoing provides the required information. Should you have any additional questions, please do not hesitate to call.

Yours very truly,

Jennifer B. Dunn

Jennifer B. Dunn

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 1:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

THOMAS CHESTER EDWARDS
(Full Name)

2459 RAYBURN BUILDING
WASHINGTON DC 20515
(Mailing Address)

202/225-6105
Daytime Telephone
202/225-6105

Filer Status	☒ Member of the U.S. House of Representatives — State: TX District: 11	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): May 17, 1999

SCHEDULE IV — TRANSACTIONS

Name THOMAS CHESTER EDWARDS | Page 2 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10-12-98		X								
	—NONE—															

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	— NONE —											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
— NONE —		

Use additional sheets if more space is required.

Name THOMAS CHESTER EDWARDS Page 4 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ANTI-DEFAMATION LEAGUE	NOV 12-14	Waco Tx - Boston - DC	Y	Y	Y	N
	RAYTHEON E-SYSTEMS	Jan 16	Waco Tx Greenville, tx - Waco	N	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
— NONE —	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	— NONE —	

GPO: 1999 55-195 (mec)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 4:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC

3

Vernon J. Ehlers
(Full Name)

1848 Morningside Drive SE
(Mailing Address)

Grand Rapids MI 49506

Daytime Telephone: 202-225-3831

Filer Status	[X] Member of the U.S. House of Representatives	State: MI District: 03	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION-Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Vernon J. Ehlers

DATE (Month/Day/Year): 5/17/99

Name Vernon J. Ehlers | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
LaGrave Christian Reformed Church	Speech	3-19-98	$50.00
Arizona State University	Speech	1-30-98	$500.00
Miller, Johnson, Snell, Cumminskey	Speech	4-27-98	$50.00
University of Nebraska-Lincoln	Speech	5-29-98	$500.00
Microwave Power Symposium	Speech	7-13-98	$2,000.00
West Michigan Telecommunications	Speech	10-28-98	$200.00

Name Vernon J. Ehlers | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude**: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
SP	Social Security	Other	Social Security	$2,501 - $5,000	
SP	IRA NBD Bank-Grand Rapids	$1,001 - $15,000	Interest	NA	
	IRA NBD Bank-Grand Rapids	$1,001 - $15,000	Interest	NA	
	State of Michigan Retirement Account	$15,001 - $50,000	Interest	NA	
	State of Michigan 401(k) Account	$50,001 - $100,000	Interest	NA	
	State of Michigan Deferred Account	$50,001 - $100,000	Interest	NA	
	Kent County Retirement Account	$15,001 - $50,000	Interest	NA	

Name Vernon J. Ehlers | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Arizona State University	1-29-98 to 1-31-98	DC-Phoenix-Grand Rapids	Y	Y	N	N
American Chemical Society	3-29-98 to 3-30-98	Grand Rapids-Dallas-Albuquerque	Y	Y	N	N
American Ceramic Society	5-3-98	Grand Rapids -Cincinnati-Grand Rapids	N	Y	N	N
University of Nebraska-Lincoln	5-28-98 to 5-29-98	DC to Lincoln to Grand Rapids	Y	Y	N	N
Santa Fe Institute	7-6-98 to 7-8-98	Grand Rapids to Sante Fe to Grand Rapids	Y	Y	N	N
Microwave Power Institute	7-13-98	Grand Rapids to Chicago to Grand Rapids	N	Y	N	N
Progress and Freedom Foundation	8-23-98 to 8-26-98	Grand Rapids to Denver to Grand Rapids	Y	Y	Y	N
Lockheed Martin	10-28-98	Grand Rapids to Huntsville to Grand Rapids	N	Y	N	N
International Union of Materials Research Society	12-2-98 to 12-3-98	Grand Rapids to Boston to Grand Rapids	Y	Y	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 AM 9:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

ROBERT L. EHRLICH JR
(Full Name)

4 BALLY HAW CT TOWSON MD. 21093 (410) 252-4180
(Mailing Address) (Daytime Telephone)

Filer Status	☑ Member of the U.S. House of Representatives	State MD District 2nd	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 17)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Ehrlich Jr.

DATE (Month/Day/Year): May 8, 1999

Name: Robert L. Ehrlich, Jr. | Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Assistant States Attorney, Harford County, Md.	Spouse Salary	N/A
	Legal Counsel, Comcast Corporation	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert L. Ehrlich, Jr. | Page ___ of ___

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	E, S, P
SP	Mega Corp Stock					X								X																		P
DC	Simon & Schuster			Indefinite																Royalties									X			"
JT	1st Bank of Paducah, KY accounts						X									X									X							"
	FUNDA INVESTORS MUT. FUND				✓									✓			✓								✓							(P) CAP. GAINS DIV. REINVEST
	NEW PERSPECTIVE MUT. FUND			✓										✓			✓							✓								(P) CAP. GAINS DIV. REINVEST
	AIM CONSTELLATION MUT FUND			✓										✓			✓						✓									(P) CAP. GAINS DIV. REINVEST
	ZWEIG PRIME MUT. FUND			✓										✓			✓						✓									(P) CAP. GAINS DIV. REINVEST
	FINEX INVESTORS VALUE MUT FUND			✓										✓			✓						✓									(P) CAP. GAINS DIV. REINVEST
	MAIN STREET MUT. FUND			✓										✓			✓						✓									(P) CAP. GAINS DIV. REINVEST

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT L. EHRLICH JR.

Page ___ of ___

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	CAPITAL APPRECIATION "A" MUT. FUND			✓										✓				✓															(P) CAP. GAIN DIV. REINVST
	DISCOVERY MUT. FUND			✓										✓				✓						✓									(P) CAP. GAIN DIV. REINVST
	FUNDAMENTAL INVESTORS EQUITY MUT. FUND			✓										✓				✓					✓										(P) CAP. GAIN DIV. REINVST
	BEST FOODS, INC. (STOCK)			✓										✓				✓						✓									(P) CAP. GAIN
	DUPONT E.I. DE NEMOURS (STOCK)			✓										✓				✓				✓											(S) CAP. GAIN
	IRN (CITI GUARDIAN TRUST)				✓																												
	AMER. TAX MUT. FUND			✓										✓				✓						✓									(P) CAP. GAIN DIV. REINVST
	EURO PACIFIC MUT. FUND				✓									✓				✓						✓									(P) CAP. GAIN DIV. REINVST
	TUDOR INVEST MUT. FUND			✓										✓				✓							✓								(P) CAP. GAIN DIV. REINVST
	NEW PERSPECTIVE MUT. FUND			✓										✓				✓						✓									(P) CAP. GAIN DIV. REINVST
	SMALL CAP MUT. FUND				✓									✓				✓						✓									(P) CAP. GAIN DIV. REINVST
	WASH. MUTUAL MUT. FUND													✓				✓							✓								(P) CAP. GAIN DIV. REINVST
	IRA ROLLOVER ERISA (PRIVATE)																																
	SMALL CAP MUT. FUND			✓										✓				✓															(P) CAP. GAIN DIV. REINVST

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SCHEDULE IV — TRANSACTIONS

Name Robert L. Ehrlich, Jr. Page ___ of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								E
	Funda Investors Mut Fund: Div And Cap Gain Reinvest	✓				✓									
	And Monthly Purchases Exceeded $1,000.00 In Calendar Year														
	New Perspective Mut Fund: Div And Cap Gain Reinvest	✓				✓									
	And Monthly Purchases Exceeded $1,000.00 In Calendar Year														
	EFA Appreciation Mut Fund A: Div And Cap Gain Reinvest	✓				✓									
	And Monthly Purchases Exceeded $1,000.00 In Calendar Year														
	Discovery Mut Fund: Div And Cap Gain Reinvest	✓				✓									
	And Monthly Purchases Exceeded $1,000.00 In Calendar Year														
	(*) All Other Funds: Div Reinvest And/or Purchases														
	Did Not Exceed $1,000.00 In Calendar Year														
	Thrift Investors (Equity) New Mutual Fund Purchase (Value Less Than $1,000.00)	✓													
	Best Buys, Inc. Stock Purchase	✓				✓									

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Name Robert L. Ehrlich, Jr. | Page ___ of ___

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	South Carolina Mortgage Bankers	May 8 10	Balto Myrtle Beach Balto	Y	Y	N	N
	Nuclear Energy Institute	July 18-20	Balto - Las Vegas - Balto	Y	Y	Y	N
	Florida Mortgage Bankers Convention	Aug 7-8	Balto - Orlando - Balto	Y	Y	N	N
	Maryland Aspirant Convention	Sept. 11-12	Balto - St. Mary's Md - Balto	Y	Y	Y	N
	Nat Inst. for the Blind	Oct 20	Balto - St. Louis Balto.	N	N	N	N
	CSCI / TPN	Dec. 2-6	Balto - London - Balto	Y	Y	Y	N

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Name	Page ___ of ___
ROBERT L. EHRLICH, JR.	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	DIRECTOR POSITIONS WITH RELIGIOUS, SOCIAL, FRATERNAL, AND POLITICAL ORGANIZATIONS ARE OF AN HONORARY NATURE.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (reac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 14 PM 3:47
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
FILING DATE (INITIAL)
MC
(Office Use Only)

Jo Ann Emerson
(Full Name)
1637 Themis Street
(Mailing Address)
Cape Girardeau MO 63701
Daytime Telephone 202-225-4404

Filer Status	[X] Member of the U.S. House of Representatives	State: District:	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Joann Emerson

DATE (Month/Day/Year): 5/14/99

Name Jo Ann Emerson | Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
KMart Race Against Drugs	Participation in Event	Sept. 16, 1998	$500 00

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Name Jo Ann Emerson | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. If a rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "N/A" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock			Indefinite			X							X						Royalties												P
	SP 1st Bank of Paducah, KY accounts						X									X																
	2270 Lakewood Cape Girardeau, MO 63701						X								X					utilities				X								
	Mutl. Life Investment and Fiduciary Services 455-B Metropolitan Corp. Iselin, NJ 08830 (money market account)						X									X								X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	First National Bank, Cape Girardeau, MO (Formerly financed at Nations Bank) Cape Girardeau, MO	Mortgage on 2210 Lakewood Cape Girardeau, MO				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Arnesen Institute for Practical Politics & Public Affairs Ohio Wesleyan University	1998 Feb 27	(one way only) Wash. D.C. - Columbus, OH (Member paid personally for remainder of trip)	N	N	N	

This page may be copied if more space is required.

Name Jo Ann Emerson	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Comm.	Arneson Institute for Practical Politics & Public Affairs - Ohio Wesleyan Univ. Delaware, OH
Member, Advisory Bd	Members' and Family Committee, US House of Representatives
Member	Copper Dome Society, Southeast MO State University, Cape Girardeau, MO
Advisory Committee	Susan B. Anthony List. Alexandria, VA
Advisory Committee	View PAC, Washington, DC
Honorary Bd. of Trustees	Westminster College, Fulton, MO

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 AM 11:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Rep. Eliot L. Engel
(Full Name)

2303 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202/225-2464

Filer Status
[X] Member of the U.S. House of Representatives — State New York District 17th
[ ] Officer or Employee — Employing Office

Report Type
[X] Annual (May 17)
[ ] Amendment
[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**		X
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Eliot L. Engel

DATE (Month/Day/Year) May 17, 1999

Name Rep. Eliot L. Engel	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	US Department of Agriculture	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Rep. Eliot L. Engel | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP		SP					X								X																		
DC	*Examples*			Indefinite													X				Royalties									X			P
JT								X																		X							
	Cong Fedl Credit Union					X											X							X									
	Dreyfus Liquid Assets		X												X								X										
	Israeli Bonds				X												X						X										

For additional assets and unearned income, use next page.

Name Rep. Eliot L. Engel | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Cong Federal Credit Union	Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

Name Rep. Eliot L. Engel | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assoc. of Amer. Railroads	1/16-20	DC-Carlsbad, CA-DC	Y	Y	Y	N/A
	Faith & Politics Institute	3/06-08	DC-Montgomery, AL-DC	Y	Y	N	N/A
	Rainbow/PUSH Coalition	3/15-16	NY-Chicago-DC	Y	Y	N	N/A
	Global Communicators	3/19-23	DC-Skopje, Macedonia-DC	Y	Y	N	N/A
	Pi Lambda Phi Educational Foundations, Inc.	8/08-09	DC-Norfolk, VA-DC	Y	Y	N	N/A

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

(Full Name)
PHILIP S. ENGLISH

(Mailing Address)
1410 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

Daytime Telephone
(202) 225-5406

MC (Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives	State District PENNSYLVANIA 21	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 17)	☐ Amendment		☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Philip S. English

DATE (Month/Day/Year): 5/16/99

Name PHILIP S. ENGLISH	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SCHOOL DISTRICT, CITY OF ERIE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 6
PHILIP S. ENGLISH	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
AMERICAN COUNCIL FOR CAPITAL FORMATION	SPEECH	AUGUST 5, 1996	$1,000
ASSOCIATION FOR MANUFACTURING TECHNOLOGY	SPEECH	MARCH 19, 1996	1,000

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Name PHILIP S. ENGLISH | Page 4 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X									X				X			
JT	530 W. 6th St., ERIE PA						X								X										X							

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	BANK UNITED OF TEXAS FSB (HOUSTON, TX)	MORTGAGE ON 530 W. 6TH ST. ERIE, PA.				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NOVOGRADAC & CO. LLP, CPA.	MAY 14-15	WASH., DC - DALLAS - ERIE, PA.	Y	N	N	N
	INVEST TO COMPETE ALLIANCE	DEC. 11-14	ERIE, PA. - PALM BEACH, FLA. - ERIE, PA.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 PM 1:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Anna Georges Eshoo
(Full Name)
40 Isabella Avenue
(Mailing Address)
Atherton California 94027
(Daytime Telephone) (650) 323-2984

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	[X]	[ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	[X]	[ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	[ ]	[X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	[X]	[ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**	[ ]	[X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	[X]	[ ]
VIII. Did you hold any reportable positions prior before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	[ ]	[X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, unearned income, transactions, or liabilities of your spouse or dependent child because they meet all three tests for exemption?	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available for any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. App. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Anna Georges Eshoo

DATE (Month Day Year): May 12 1999

Name Anna Georges Eshoo | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
County of San Mateo California Retirement Fund	Retirement Benefit	$7583.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C XYZ Magazine	Speech Article	Feb 2, 1998 Aug 13, 1998	$2,000 $500
West Coast College of Biological Psychiatry (contribution made directly to the San Mateo County Health Center Foundation)	Result of being given the Usdin Award	April 4 1998	$500 00

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Name Anna Georges Eshoo | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock					X								X										X								
DC	Examples: Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X									X							
	The Hartford Group / Deferred Comp. Plan						X							Deferred Compensation Plan												X						n/a
	Bank of San Mateo / Retirement			X										Retirement Plan											X							n/a
	Washington Mutual / Checking			X										None								None										n/a
	Washington Mutual / Savings			X												X							X									n/a
	San Mateo Credit Union		X													X					X		X									n/a
	Penn Mutual Life Ins. Co.		X													X							X									n/a

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ann Georges Eshoo Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Wright-Patman Credit Union Chkg		X													X						X										n/a
	Wright-Patman Credit Union Sigs		X													X						X										n/a
	Riggs Bank		X													X						X										n/a
	Paine Webber																															
	Money Market Fund			X												X								X								n/a
	Mutual Fund			X												X								X								n/a
	IRA			X												X						X										n/a
	Equities																															
	Deere & Co.			X										X								X										n/a
	Gannett Co.			X										X								X										n/a

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SCHEDULE IV — TRANSACTIONS

Name Anna Georges Eshoo | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–98		X								
	- NOTE -															

This page may be copied if more space is required.

Name Anna Georges Estes | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Glendale Federal Bank Dept. 5007 - Walnut - California 91795-5007	Mortgage on my home 40 Isabella Ave - Atherton - Calif.					X					
	Sunwest Bank of California P.O. Box 54499 - Los Angeles, California 90054-0499	Home Equity Line of Credit on my home		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	- NONE -	

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Securities Industry Assoc. Meeting at New York Stock Exchange and with members of SIA New York, New York	Jan 22-24 1998	Wash D.C to NY (LaGuardia) to Wash D.C. (National) $ 278.00 Grand Transport $ 292.65	Y $ 353.02	$ 80.80 Y	no	no
	Health Industry Mgrs Assoc to deliver keynote address at Annual Convention @ Palm Springs, California	March 15 1998	San Francisco Airport to Palm Springs and Return $ 445.00 air transport $ 50.00 ground transport	N	N	no	no
	The Congressional Institute Bipartisan Planning Retreat Airlie House, Virginia	April 30 May 1 1998	Grand Transport $ 55.00	Y $ 215.00	Y (includes food)	no	no
	The Progress & Freedom Foundation Conference on Congress Confronts "the Digital Revolution" Guest Speaker / Panelist	August 25 1998	San Francisco via Denver to Aspen Colorado and Return $ 609.00	N	N	no	no

This page may be copied if more space is required.

Name Anna Georges Eshoo | Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	- NONE -

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	- NONE -	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
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Bobby R. Etheridge
(Full Name)

Route 6 Box 594
(Mailing Address)
Lillington NC 27546

Daytime Telephone
(202) 225-4531

Filer Status					
	[X] Member of the U.S. House of Representatives	State NC District 02	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/12/99

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Name Bobby R. Etheridge	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Harnett Board of Education	Spouse Salary	NA
	State of North Carolina	State/Legislative Pension	$9,226.44

For payments to charity in lieu of honoraria, use Schedule II.

Name Bobby R. Etheridge	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$ 500
Kmart Corporation	Tractor Race	September 16, 1998	$2,000.00

Name Bobby R Etheridge | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	
SP DC JT	*Examples:* SP 123 Main St., Dover, Del. Mega Corp. Stock 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Centura Bank	$1,001 - $15,000	Dividends	$1 $200	NA
	Carolina Power & Light Co	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Openheimer Equity Income Fund	$1,001 - $15,000	Dividends	$1 - $200	NA
	Dean Witter Money Market Trust	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	IRA (Triangle Bank Stock)	$1,001 - $15,000	None	None	NA
JT	Farm - Rt. 1, Broadway, NC	$100,001 - $250,000	Rent	$2,501 - $5,000	NA

Name Bobby R Etheridge | Page 2 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

JT	Commercial Property, Lillington East McNeil Street	$15,001 - $50,000	None	None	NA
SP	NC State Retirement Pension	None	None	None	NA
	NC State Deferred Compensation Plan (401K)	$50,001 - $100,000	None	None	NA
JT	Rental Property, Lillington NC (house)	$15,001 - $50,000	Rent	$2,501 - $5,000	NA
SP	NC State Deferred Compensation (401K)	None	None	None	NA
	Individual Note - Joe and Susanne Langley	$15,001 - $50,000	Interest	$5,001 - $15,000	NA
	Triangle Bank (Stock)	$1 - $1,000	Dividends	$1 - $200	NA

Name Bobby R Etheridge | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	NA			

Name Bobby R Etheridge	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child
amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
JT	Triangle Bank, Dunn NC	Farm and Commercial Property	$15,001 - $50,000

Name	Page 1 of 1

SCHEDULE VI -- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered to clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	*Silver Platter (waiver received from Committee on Standards)*	$270
NA		

Name Bobby R Etheridge	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U S C 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash , D C -Chicago-Wash , D C	N	N	N	N
Mega Corporation	Aug 8-13	Wash , D C -Los Angeles-Cleveland	Y	Y	Y	4 Days
Leaf Tobacco Explorers Association	May 24-25	Raleigh-White Sulphur Springs, WV-Raleigh	Y	Y	N	N
Chinese National Association Industry and Commerce	December 27-January 3	Raleigh-Taiwan-Raleigh	Y	Y	Y	N
Aspen Institute	March 19-21	Wash , D C -Hershey-Wash , D C	Y	Y	Y	N

Name Bobby R Etheridge | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Advisory Board	Ochoneechee Boy Scout Council

Name	Page 1 of 1

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(4)

Lane A. Evans
(Full Name)

2335 Rayburn HOB
(Mailing Address)

Daytime Telephone

Washington, DC 20515 (202) 225-5905

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 17	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Lane A. Evans

DATE (Month/Day/Year) May 14, 1999

1193

Name Lane A. Evans | Page 1 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income denved from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X										X								P
	SP Simon & Schuster			indefinite																Royalties									X			
	SP 1st Bank of Paducah, KY accounts						X									X										X						
	406 S. Capitol St., SE Wash., DC							x							x											x						
	Plow & Planter Employees Credit Union, IRA, Moline, IL			x												x							x									
	Wright Patman Federal Credit Union, Savings Accts. & IRAs, Wash., DC					x										x									x							

For additional assets and unearned income, use next page.

Name	Lane A. Evans	Page 2 of 3

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	NationsBanc Mortgage Corp., Washington, DC	Mortgage on 406 S. Capitol St., SE				x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name	Page 3 of 3
Lane A. Evans	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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R. Terry Everett
(Full Name)

2312 Rayburn Bldg.
(Mailing Address)

Washington, DC 20515

Daytime Telephone 202-225-2901

Filer Status	[x] Member of the U.S. House of Representatives	State AL District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
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III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
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EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year)

x R. Terry Everett

Name R. Terry Everett	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives - Congressman	U.S.Representative	128,882
	Union Springs Newspaper - Wife	Management	31,200

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
None			

This page may be copied if more space is required.

Name R. Terry Everett | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock						X							X										X								P
DC	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts							X								X										X						
SP	Merrill-Lynch - CMA			x																												
	400 acre farm - Houston County, AL							x																								
	stock in - Union Springs Newspaper						x																									
	Townhouse - Washington, DC							x																								
	Due from - Everett for Congress							x								x					x											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Merrill-Lynch CMA Money Funds						X									X										X						
	Merrill-Lynch US Treasury Notes								X							X												X				
	Merrill-Lynch Stocks - HealthSouth Comp.						X							X																		
	Merrill-Lynch - Mutual Funds:																															
	AIM Constellation					X								X											X							
	Davis NY Venture						X							X											X							
	Franklin Growth					X								X										X								P
	J. Hancock Financial						X							X									X									
	M.L.Fundamental GWT					X								X											X							Part S
	Pioneer Growth						X							X												X						
	S & P Industrial 98E				X									X								X										
	S & P Industrial 98F				X									X									X									Part S
	Select 10 984 Dow					X								X											X							Part S
	Select 10 98C U.K.			X										X								X										Part S
	Templeton World Fund			X										X									X									Part S
	Merrill-Lynch Annuity: PFL Endeavor Variable							X						X													X					
	Merrill-Lynch - Accrued Interest			X																						X						
	M-L Fundamental Gwth C					X								X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R Terry Everett

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $5 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	First Federal of the South						X									X										X						P
SP	First Federal of the South				X											X								X								P
JT	Colonial Bank - CD						X									X										X						S
	Colonial Bank - CD							X								X											X					S
	Compass Bk-Money Market			X												X							X									
	Bank of the South						X									X									X							P
	First Federal of the South			X												X						X										
	Congressional Federal CU			X												X							X									
JT	BHC Securities		X										X									X										
	Colonial Bancgroup - 9766							X					X													X						
SP	Colonial Bancgroup - 5224						X						X												X							
JT	Colonial Bancgroup - 5000						X						X												X							
SP	Colonial Bancgroup			X									X								X											P
	First Federal of the South IRA			X												X								X								
SP	IRA			X												X								X								
	Notes receivable on 2 personal residences in Houston & Coffee Counties					X										X									X							
	Colonial Bank - IRA			X												X							X									S
SP	Colonial Bank - IRA			X												X							X									S

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Santa Rosa House		X		10/20/98						X				
	Select 10 - Hong Kong		X		7/30/98	X									
	Select 10 - Japan		X		7/30/98	X			*						
	M-L Growth Fund	X			10/23/98			X							
	S & P Industrial 98 E	X			7/27/98		X								
	Dow Select 10		X		9/08/98			X							
	S & P Industrial 97 F		X		9/14/98		X								
	Select 10 - U.K.		X		9/28/98		X								
	M-L Growth Fund		X		10/28/98	X									
	Templeton World Fund		X		10/23/98	X									
	Franklin Gwth Fd	X			10/23/98			X							
	Select 10 - UK	X				X									
	Dow Select 10- 984	X			9/8/98			X							
SP	Colonial Bank - CD		X		8/98				X						
	Colonial Bank - CD		X		8/98					X					
	Colonial Bank - IRA		X		8/98	X									
	Colonial Bank - IRA		X		8/98	X									
JT	First Federal of the South - CD	X			8/98				X						
SP	First Federal of the South - CD	X						X							
SP	First Federal of the South - IRA	X				X									
	First Federal of the South - IRA	X				X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example. First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
	Bank of the South - Campaign loans	Campaign loans				x						
	Charles Taylor	Farm loan		x								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example. Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 JUN -3 PM 3:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

13

R. Terry Everett
(Full Name)

2312 Rayburn House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
(202)225-2901

Filer Status [X] Member of the U.S. House of Representatives — State/District: AL 2nd — [ ] Officer or Employee — Employing Office

Report Type [X] Annual (May 17) — [X] Amendment — [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Terry Everett

DATE (Month/Day/Year): 6/1/99

1207

CONGRESSMAN TERRY EVERETT
2ND DISTRICT, ALABAMA

STATEMENT OF CHANGES CAUSING AMENDMENT:

Schedule III:

Page 4 of 11

Due from Everett for Congress: No amended change; account fell below the $500,000 due to some payments from campaign in 1998.

400 acre farm, Houston County: This farm is valued at $1,000 per acre. The value should be the same as 1997.

Townhouse, Washington, D.C.: Amended to omit since this is a personal residence.

Page 5 of 11

AIM Constellation: Amended to add "P" in Block E since this was purchased in 1998.

M-L Fundamental Growth: Amended to omit since this was listed twice.

Merrill-Lynch stock, Health South Corporation: Amended to add "P" in Block E since this was purchased in 1998. Also "X" none in Block D since there was no income in 1998.

S & P Industrial 98E: Amended to add "P" to Block E since this was purchased in 1998.

M-L Fundamental Growth C: Amended to add "P" and Part S in Block E since this was bought in 1998 and then part was sold in 1998.

Page 6 of 11

Line 7, Page 6 - First Federal of the South: Amended to add "P" to Block E since this was purchased in 1998.

Lines 16 and 17, Page 6 - First Federal of the South, IRAs: Add "P" to Block E since this was rolled-over and shown as a purchase in 1998.

Schedule IV

Page 7 of 11

Line 6, Page 7 - S & P Industrials 98F Amended to add since they were inadvertently left off.

Line 9, Page 7 - Select 10-97 UK: Amended to add 97 to name.

Line 10, Page 7 - M-L Fundamental Growth Fund C: Amended to change name.

Line 14, Page 7 - Select 10-98 UK: Amended for name change and to add date of purchase.

Page 8 of 11

Line 5, Page 11 - Health South Corporation Stock: Amended to add since purchased in 1998.

Line 6, Page 11 - AIM Constellation Fd.: - Amended to add since purchased in 1998

Line 7, Page 11 - AIM Capital Development: Amended to show sold on 9/14/98

Name R. Terry Everett	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. House of Representatives- Congressman	U.S. Representative	128,882
	Union Springs Newspaper - Wife	Management	31,200

For payments to charity in lieu of honoraria, use Schedule II.

Name R. Terry Everett	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
None				

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name R. Terry Everett

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E, P)
SP, DC, JT	*Examples*				
	SP Mega Corp Stock	X	DIVIDENDS		P
	Simon & Schuster	Indefinite	RENT		
	1st Bank of Paducah, KY accounts	X	INTEREST		
SP	Merrill- Lynch - CMA	X	INTEREST	X	
	400 acre farm - Houston County, AL	X	Farming	X	
	Stock in Union Springs Newspaper	X	DIVIDENDS	X	
	Due from - Everett-for-Congress	X	INTEREST	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

Page 5 of 11

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: Dividends	Rent	Interest	Capital Gains	Excepted Trust	Qualified Blind Trust	Other: Type of Income Specify	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
	Merrill-Lynch CMA Money Funds						X									X										X						
	Merrill-Lynch U.S. Treasury Notes								X							X												X				
	Merrill-Lynch HealthSouth Corp.						X							X							X											P
	Merrill-Lynch Mutual Funds																															
	AIM Constellation					X								X											X							P
	Davis NY Venture						X							X										X								
	Franklin Growth					X								X									X									P
	L. Ramack Financial						X							X									X									
	Pioneer Growth						X							X											X							
	S&P Industrial 98L			X										X								X										P
	S&P Industrial 98H			X										X								X										Part S&P
	Select 10 98X Now					X								X											X							Part S
	Select 10 98X U.K.		X											X								X										Part S
	Templeton World Fund		X											X									X									Part S
	Merrill-Lynch Annuity PFL Endeavor Variable							X						X												X						
	Merrill-Lynch Accrued Interest			X																					X							
	MSL Fundamental Growth C					X								X								X										Part S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. Terry Everett

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	First Federal of the South						X									X									X							P
SP	First Federal of the South				X											X								X								P
JT	Colonial Bank - CD						X									X									X							S
	Colonial Bank - CD							X								X										X						S
	Compass Bank-money mkt			X												X							X									
	Bank of the South						X									X									X							P
	First Federal of the South			X												X						X										P
	Congressional Federal C.U.			X												X							X									
JT	BHC Securities		X											X								X										
	Colonial Bancgroup 9766							X						X											X							
SP	Colonial Bancgroup 5224						X							X										X								
JT	Colonial Bancgroup 5000						X							X										X								
SP	Colonial Bancgroup			X										X							X											P
	First Federal of the South IRA			X												X							X									P
SP	IRA			X												X							X									P
	Notes receivable on 2 personal residences in Houston & Coffee County					X										X									X							
	Colonial Bank IRA			X												X							X									S
SP	Colonial Bank IRA			X												X							X									S

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Santa Rosa house		X		10-20-98						X				
	Select 10 - Hong Kong		X		7-30-98	X									
	Select 10 - Japan		X		7-30-98	X									
	M-L Fundamental Growth Fund C	X			10-23-98			X							
	S&P Industrial 98E	X			7-27-98		X								
	S&P Industrial 98F	X			9-14-98		X								
	Dow Select 10		X		9-28-98			X							
	S&P Industrial 97F		X		9-14-98		X								
	Select 10 - 97 - U.K.		X		9-28-98		X								
	M-L Fundamental Growth Fund C		X		10-28-98	X									
	Templeton World Fund		X		10-23-98	X									
	Franklin Growth Fund	X			10-23-98			X							
	Dow Select 10-984	X			9- 8-98			X							
	Select 10 -98 - U.K.	X			9-28-98	X									
SP	Colonial Bank - CD		X		8-98				X						
	Colonial Bank - CD		X		8-98					X					
SP	Colonial Bank - IRA		X		8-98	X									

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	First Federal of the South - CD	X			8/98				X						
SP	First Federal of the South - CD	X			8/98			X							
SP	First Federal of the South - IRA	X			8/98	X									
	First Federal of the South - IRA	X			8/98	X									
	Health South Stock	X			10/8/98			X							
	AIM Constellation Ed.	X			10/23/98			X							
	AIM Capital Development		X		9/14/98			X							

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Name R. Terry Everett | Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Bank of the South - Campaign Loans	Campaign Loans				X						
	Charles Taylor	Farm Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name R. Terry Everett	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1999 55-195 (mec)

Use additional sheets if more space is required

TERRY EVERETT
2D DISTRICT, ALABAMA

COMMITTEE ON VETERANS' AFFAIRS
CHAIRMAN
OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON AGRICULTURE
LIVESTOCK AND HORTICULTURE
RURAL DEVELOPMENT, RESEARCH AND SPECIALTY CROPS

COMMITTEE ON NATIONAL SECURITY
PERSONNEL
MILITARY INSTALLATIONS AND FACILITIES

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House of Representatives
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(334) 277-9113

100 W. TROY ST. #101
DOTHAN, AL 36303
(334) 794-9680

109 N. MAIN STREET
OPP, AL 36467
(334) 493-9253

June 15, 1999

Office Of The Clerk
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515-6612

Re – Congressman Terry Everett
2nd District, Alabama
Additional Amendment to 1998 Financial Disclosure Statement

Dear Sir:

Please note the following change to my amended 1998 Financial Disclosure Statement:

Schedule III, Page 4 of 10, Item 2: the value of the 400-acre farm was incorrectly stated at between $250,000 and $500,000. Please correct to column H for a value of between $500,000 and $1,000,000.

Thank you and the committee for assisting me in this matter.

Sincerely,

Terry Everett

TERRY EVERETT

TE:cs

Terry.Everett@mail.house.gov
PRINTED ON RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 13 PM 12: 13

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

Pontiac, IL 61764

Daytime Telephone
(815) 844-7660

MAY 06 1999
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State Illinois District 15	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 7, 1999

1221

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Mutual Automobile Insurance Co.	Spouse salary	NA
	State of Illinois	Legislative Pension	$46,619.16
	Livingston County Broadcasters, Inc.	Salary	$ 7,674.30

For payments to charity in lieu of honoraria, use Schedule II.

Name	Thomas W. Ewing	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
NONE			

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Name Thomas W. Ewing

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	*Examples* Mega Corp. Stock					X								X										X								
	Simon & Schuster			Indefinite																Royalties												
JT	1st Bank of Paducah, KY accounts						X									X										X			X			
	Pontiac National Bank Pontiac, IL (account)			X																		X										
	Principal National Bank Corp. Inc., Pontiac, IL (stock)						X							X												X						
	Pontiac Bancorp., Inc. Pontiac, IL (stock)			X										X								X										
	Lexington Bank Lexington, IL (account)			X																		X										
	State Bank of Graymont Graymont, IL (account)			X																		X										
	Ewing Bros. Farm, Logan Co. IL 1/3 int. in 120 A.						X								X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Thomas W. Ewing

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Sale of Intes	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E.
	Connell Farm, Logan Co.IL 1/2 int. in 137 a.						X								X												X						
	S.Y.Ewing Trust Farm-McLean Co., IL 1/2 int. in 160 a.							X							X												X						
	Odell Farm Trust 625.300a. Livingston Co. (gross income)							X							X												X						
	Newtown Farm, 9½ a. Livingston Co. (gross income)						X								X												X						
	Fairway View Subdivision, Livingston Co., 1 int. 153a. (net)							X												X							X						
	Fairway View Farm Deerfield Rd. Pontiac, IL 1 int. 30a. (gross)							X							X												X						
	McLean Rental House McLean, IL (gross)			X											X										X								
JT	Residence, 310 W. Lincoln Pontiac, IL						X															X											
	Livingston Co. Broadcasters, Inc., 2 shares					X								X											X								
	State of IL Employees Deferred Compensation Plan					X																NA											
	State Farm Life Ins. Co. Flexible Prem. Annuity IRA			X																		NA											
	Lot 6, Gardner-Ewing Add. Fairway View Sub, Pontiac,IL				X																	X											
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension Plan Assets:																																
	Cash				X									X										X									
	Kemper Portfolios			X										X										X									
	Community Bank-Galesburg				X									X								X											
	Archer Daniels Midland		X											X								X											P. S
	Bellsouth Corp.			X										X								X											
	Boeing Co.			X										X								X											S
	~~[illegible]~~																																
	Caterpillar Inc. Del.		X											X								X											
	Donnelley, R. R. & Sons		X											X								X											S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Thomas W. Ewing

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Sale of lots Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Dell Computer Corp.				X									X								X										P
	DuPont E I DeNemours &Co.			X										X								X										S
	Eastman Kodak Co.		X											X								X										S
	GTE Corp.			X										X								X										
	General Electric Co.				X									X									X									
	Illinova Corp.			X										X									X									S
	Intel Corp.			X										X								X										
	McDonalds Corp.			X										X								X										
	Microsoft Corp.				X									X							X											
	Morgan J P & Co. Inc.			X										X								X										
	Motorola, Inc.			X										X								X										S
	Pepsico, Inc.			X										X								X										
	PNB Holding Co.				X									X										X								
	Southwest Royalties			X										X								X										
	Tricon Global Restaurants			X										X							X											
	NWNL Companies		X											X									X									
	Principal National																															
SP	Bancorp. stock					X								X										X								
SP	State Farm Illinois FCU				X											X								X								
SP	Bank One, checking			X																		X										
SP	State Farm Growth Fund Inc. Mutual Fund (retirement fund)							X						X												X						
	State Farm Balanced Fund																															
SP	Mutual Fund (retirement fund)						X							X										X								
	State Farm Balanced Fund																															
SP	Mutual Fund				X									X									X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	State Farm Growth Fund Mutual Fund			X										X									X									
SP	LaGrange Condo, 416 East Ave., Cook County, IL					X									X										X							
JT	D.C. Condo, 761 Delaware St., Washington, DC						X								X										X							
	Livingston Service Co. stock		X											X							X											

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SCHEDULE IV — TRANSACTIONS

Name Thomas W. Ewing

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Archer, Daniels, Midland, stock	X	X		09-23-98	X									
	Boeing Co., stock		X		07-14-98	X									
	Dell Computer, stock	X			09-21-98		X								
	Donnelley, R. R. & Sons		X		07-14-98	X									
	Eastman Kodak Co., stock		X		07-14-98	X									
	Illinova Corp., stock		X		07-07-98	X									
	Motorola, Inc., stock		X		07-14-98	X									

This page may be copied if more space is required.

Name	Thomas W. Ewing	Page 9 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example.	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	Pontiac National Bank, Pontiac, IL	Mortgage on 310 W. Lincoln St., Pontiac, IL				X						
	Pontiac National Bank, Pontiac, IL	Mortgage on Odell, IL farm		X								
SP	Pontiac National Bank, Pontiac, IL	Mortgage on LaGrange, IL Condo			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example.	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
New York Mercantile Exchange	July 9 & 10	Washington, D.C.-New York -Washington, D.C.	Y	Y	N	N
American Sugar Alliance	Aug. 8-10	Pontiac, IL - Chicago, IL- Sun Valley, ID-Chicago-Pontiac	Y	Y	Y	N

This page may be copied if more space is required.

Name	Thomas W. Ewing	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Principal National Bank Corporation, Inc. (uncompensated)
Director	Livingston County Broadcasters, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	Benefits currently being received-payable at age 55.
	Thomas W. Ewing Profit-Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

GPO 1999 55-195 (mac)

Use additional sheets if more space is required

THOMAS W. EWING
15TH DISTRICT, ILLINOIS
DEPUTY MAJORITY WHIP
COMMITTEES
AGRICULTURE
SUBCOMMITTEES
RISK MANAGEMENT AND SPECIALTY CROPS
CHAIRMAN
DEPARTMENT OPERATIONS, NUTRITION, AND FOREIGN AGRICULTURE
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
AVIATION
SURFACE TRANSPORTATION
SCIENCE
SUBCOMMITTEES
BASIC RESEARCH
TECHNOLOGY

INSIDE MAIL

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House of Representatives
Washington, DC 20515

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URBANA, IL 61801
(217) 328-0285
2401 E. WASHINGTON STREET, SUITE 1
BLOOMINGTON, IL 61704
(309) 662-9371
210 WEST WATER STREET
PONTIAC, IL 61764
(815) 844-7660
120 NORTH VERMILION STREET
SUITE 4
DANVILLE, IL 61834
(217) 431-6230

May 21, 1998

The Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515-6612

ATTN: Attorney David Laufman

MC

RE: Thomas W. Ewing
Amendment of Financial Disclosure Statement for 1998

Dear Sir

Please find enclosed an original and two copies of an amendment to my Financial Disclosure Statement for 1998 (Schedules III, Page 5 and 6)

Sincerely,

THOMAS W. EWING
Member of Congress

TWE/jj

Enclosures

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AMENDED

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

Page 5 of 11

SP. DC. IT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Sale of Iota Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P. S. E
	Connell Farm, Logan Co.IL 1/2 int. in 1/3 a.						X								X											X						
	S.Y.Ewing Trust Farm-McLean Co., IL 1/2 int. in 160 a.							X							X											X						
	Odell Farm Trust 635.300a. Livingston Co. (gross income)							X							X											X						
	Newtown Farm, 93 a. Livingston Co. (gross income)						X								X											X						
	Fairway View Subdivision, Livingston Co., 1 int. (net)							X											X							X						
	Fairway View Farm Deerfield Rd. Pontiac, IL 1 int. 30a. (gross)							X							X											X						
	McLean Rental House McLean, IL (gross)			X											X										X							
	Residence, 310 W. Lincoln Pontiac, IL						X														X											
	Livingston Co. Broadcasters, Inc. - shares				X									X										X								
	State of IL Employees Deferred Compensation Plan				X																NA											
	State Farm Life Ins. Co. Flexible Prem. Annuity (IRA			X																	NA											
	Lot 6, Gardner-Ewing Add. Fairway View Sub, Pontiac,IL			X																	X											
	Pontiac National Bank Hexam W. Ewing Profit Sharing																															
	Pension Plan Assets:																															
	Cash				X									X									X									
	Kemper Portfolios			X										X									X									
	Community Bank-Galesburg				X									X								X										
	Archer Daniels Midland	X												X								X										P, S
	Bellsouth Corp.			X										X								X										
	Boeing Co.	X												X								X										S
	Caterpillar Inc. Del.		X											X								X										
	Donnelley, R. R. & Sons	X												X								X										S

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AMENDED

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Sale of Lots Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Dell Computer Corp.				X									X								X										P
	DuPont E I DeNemours &Co.	X												X								X										S
	Eastman Kodak Co.	X												X								X										S
	GTE Corp.			X										X								X										
	General Electric Co.				X									X									X									
	Illinova Corp.	X												X									X									S
	Intel Corp.			X										X								X										
	McDonalds Corp.			X										X								X										
	Microsoft Corp.				X									X							X											
	Morgan J P & Co. Inc.			X										X								X										
	Motorola, Inc.	X												X								X										S
	Pepsico, Inc.			X										X								X										
	PNB Holding Co.				X									X										X								
	Southwest Royalties			X										X								X										
	Tricon Global Restaurants			X										X							X											
	NWNL Companies		X											X									X									
SP	Principal National Bancorp. stock					X								X										X								
SP	State Farm Illinois FCU				X											X								X								
SP	Bank One, checking			X																		X										
SP	State Farm Growth Fund Inc. Mutual Fund (retirement fund)							X						X												X						
SP	State Farm Balanced Fund Mutual Fund (retirement fund)						X							X										X								
SP	State Farm Balanced Fund Mutual Fund				X									X									X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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HON. ENI F.H. FALEOMAVAEGA
(Full Name)

2422 Rayburn House Office Bldg., Washington, DC 20515
(Mailing Address)

Daytime Telephone
202-225-8577

Filer Status	[X] Member of the U.S. House of Representatives — State AS District 00	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eni F.H. Faleomavaega

DATE (Month/Day/Year): May 13, 1999

Name	Page 2 of 5
HON. ENI F.H. FALEOMAVAEGA	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Orlando County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name HON. ENI F.H. FALEOMAVAEGA | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A	Block B													Block C							Block D											Block E
				A None	B $1 – $1,000	C $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples.*	SP	Mega Corp. Stock					X								X										X									P
			Simon & Schuster			Indefinite																Royalties									X				
			1st Bank of Paducah, KY accounts						X									X									X								
	TDS American Express Minneapolis, MN (accts)								XX							XX			XX								X								
	T. Rowe Price (IRA) Baltimore, MD					XX																					NA								P

For additional assets and unearned Income, use next page.

Name HON. ENI F.H. FALEOMAVAEGA | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Wright Patman Congressional Federal Credit Union, Washington, DC	credit card	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example:	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Pacific Islander Community Council	May 1-3	Wash,DC-Los Angeles-DC	y	n	n	parts of all days
	Samoan Service Providers Association	May 26-28	Los Angeles-Honolulu-Los Angeles	y	n	n	parts of all days
	George Washington Universit	Dec 1-4	Wash DC-Tokyo-Wash DC	y	y	n	N

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COMMITTEE ON RESOURCES
RANKING DEMOCRATIC MEMBER
SUBCOMMITTEE ON FISHERIES CONSERVATION
WILDLIFE AND OCEANS

SUBCOMMITTEE ON ENERGY AND
MINERAL RESOURCES

COMMITTEE ON INTERNATIONAL
RELATIONS
SUBCOMMITTEE ON ASIA PACIFIC AFFAIRS
SUBCOMMITTEE ON
INTERNATIONAL OPERATIONS/HUMAN RIGHTS

NATIONAL GUARD AND
RESERVE COMPONENTS CAUCUS
VICE CHAIR

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, D.C. 20515-5201

ENI F.H. FALEOMAVAEGA
AMERICAN SAMOA

WASHINGTON OFFICE
2422 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-5201
202 225-8577
202 225-8757 FAX

DISTRICT OFFICE
P.O. DRAWER X
PAGO PAGO, AMERICAN SAMOA 96799
684 633-1372
684 633-2690 FAX

May 24, 1999

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MC

04 MAY 24 P 12:03

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Trandahl:

The attached schedule III amends my financial disclosure statement for calendar year 1998, and is being submitted in response to a request by the Committee on Standards of Official Conduct. No new assets are being reported, but each account open in the two entries listed on the original schedule III is now listed separately.

Sincerely,

Eni F.H. Faleomavaega

ENI F. H. FALEOMAVAEGA
Member of Congress

EFHF:mry

email: faleomavaega@mail.house.gov
home page: http://www.house.gov/faleomavaega/

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hon. Eni F.H. Faleomavaega | Page of

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	IDS American Express Minneapolis, MN																															
	New Dimensions - A			X										X		X	X							(IRA)								
	New Dimensions - B				X									X		X	X							X								
	Bond - Class B			X										X			X						X									
	High Yield Tax Exempt -B			X										X									X									
	Growth - Class B			X										X									X									
	Utilities Income - B				X									X			X							X								
	Managed Allocation -A			X										X			X						X									
	Managed Allocation -B			X										X			X							X								
	International -Class A			X										X			X						X									
	International -Class B			X										X								X										
	Stragegy Aggressive-B			X													X					X										
	Flexible Annuity					X															X											
	New Dimensions - A			X										X			X						(IRA)									
	T.Rowe Price Baltimore, MD																															
	Financial Serives Fund		X											X									X									P
	Midcap Growth Fund		X											X									X									P
	Value Fund		X											X									X									P
	Midcap Value Fund		X											X									X									P
	Equity Index 500 Fund		X											X									X									P
	Small Cap Value Fund		X											X									X									P

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

Sam Farr
(Full Name)

1221 Longworth House Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202/225-2861

Filer Status	[x] Member of the U.S. House of Representatives	State: California District: 17	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Farr

DATE (Month/Day/Year): 5/14/99

1242

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Financial Transitions Institute (Hospice of Monterey)	Spouse's Income	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Sam Farr

Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting thresholds. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	*Examples*				P, S, or E
SP	Mega Corp Stock	X (E: $250,001 – $500,000)	X DIVIDENDS		P
	Simon & Schuster	Indefinite (B: $1 – $1,000)	RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	Royalties	
	1st Bank of Paducah, KY accounts	X (F: $100,001 – $250,000)	X INTEREST	X (IV: $1,001 – $2,500)	
	Chevy Chase Land Company	X (E: $250,001 – $500,000)	X DIVIDENDS	X (V: $2,501 – $5,000)	
	Devil's Flat Association (Big Sur)	X (C: $15,001 – $50,000)		X (I: None)	
	Point 16, Big Sur, CA	X (G: $100,001 – $250,000)		X (I: None)	
	Interest in CA State Retirement System	X (C: $15,001 – $50,000)		X (I: None)	
	Tahoe Cabin 1529 Washoe Way, CA	X (C: $15,001 – $50,000)	X RENT	X (VI: $5,001 – $15,000)	
	Sorensen's Resort Ltd. Partnership Interest	X (C: $15,001 – $50,000)	Other Type of Income (Specify For Example, Partnership Income or Farm Income): Partnership Income	X (IV: $1,001 – $2,500)	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Lots 2, 9, & 10 SE corner Santa Lucia & Camino Real Carmel, CA							X													X											
	Bank of America Stock			X										X									X									S
	Due to father's death in 1997 and the consequent dissolution of the Janet H. Farr Trust, I acquired the following assets:																															
	Boeing Co. Stock				X									X										X								
	Brystol Myers Squibb Stock					X								X										X								
	Chevron Corp. Stock				X									X										X								
	Colgate Palmolive Stock				X									X										X								
	General Electric Stock					X								X											X							S
	Hewlett Packard Stock					X								X										X								
	Intel Corp. Stock						X							X									X									S
	IBM Corp. Stock				X									X									X									
	Lucent Tech. Stock				X									X									X									
	Merck Co. Stock					X								X										X								
	Motorola Inc. Stock				X									X										X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK F Transaction P, S, E
	Pfizer Inc. Stock						X							X										X								S
	Schlumberger Ltd. Stock			X										X									X									
	Hartford Fin. Svcs. Stock				X									X									X									
	Washington Mutual Stock				X									X									X									
	Waste Mgmt. Inc. Stock			X										X								X										S
	Vista Lobos Apartments Carmel, CA (interest held through Farr Children's Trust and Delores Farr Trust/filer is 50% beneficiary)							X							X												X					
	Morgan Stanley Dean Witter Funds (Mutual Funds and Money Market Funds)				X									X												X						
	Congressional Credit Union Savings Account				X											X							X									

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SCHEDULE IV — TRANSACTIONS

Name Sam Farr

Page 6 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Bank of America Stock		X		2/17/98	X									
	General Electric Stock		X		2/17/98		X								
	Intel Corp. Stock		X		2/17/98		X								
	Pfizer Inc. Stock		X		2/17/98		X								
	Waste Management Inc. Stock		X		2/17/98	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C. —Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Aspen Institute	Nov. 12–15	Wash.,DC-Bermuda-Wash.,DC	Y	Y	N	N

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Name Sam Farr | Page 8 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x						
JT	Sumitomo Bank of California, CA	Mortgage on Home					x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SAM FARR
17TH DISTRICT, CALIFORNIA

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES
AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES
MILITARY CONSTRUCTION
CHAIR, CALIFORNIA DEMOCRATIC CONGRESSIONAL DELEGATION
CO-CHAIR, CONGRESSIONAL TRAVEL AND TOURISM CAUCUS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0517

1221 LONGWORTH BUILDING
WASHINGTON, DC 20515–0517
(202) 225–2861

100 WEST ALISAL
SALINAS, CA 93901
(831) 424-2229

701 OCEAN STREET
ROOM 318
SANTA CRUZ, CA 95060
(831) 429–1976

samfarr@mail.house.gov
www.house.gov/farr

June 14, 1999

3

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U.S. HOUSE OF REPRESENTATIVES

MC

Mr. Jeff Trandahl
Clerk of the House
U.S. House Of Representatives
Legislative Resource Center
B106 Cannon HOB
Washington, D.C. 20515-6612

Dear Mr. Trandahl:

Enclosed please find an amendment to Schedule III of my 1998 Financial Disclosure Statement. The purpose of the amendment is to provide additional information regarding my interests in the Morgan Stanley Dean Eitter Strategist Fund and the Morgan Stanley Dean Witter Active Assets Money Trust.

Sincerely,

SAM FARR
Member of Congress

SF/tt

cc: David Laufman,
Committee on Standards of Official Conduct

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

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U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

CONGRESSMAN SAM FARR
(Full Name)

1221 Longworth House Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-2861

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 17	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 17)	[X] Amendment Sche. III	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — Sam Farr

DATE (Month/Day/Year) 06/15/99

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) AMENDMENT

Name SAM FARR

Page 2 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Morgan Stanley Dean Witter Strategist Fund				X												X							X								
	Morgan Stanley Dean Witter Active Assets Money Trust			X												X							X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 JUN 15 PM 1:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERY
(Office Use Only)

7

Chaka Fattah
(Full Name)

1205 Longworth House Office Building
(Mailing Address)

Washington PA 20515
Daytime Telephone: 202-225-4001

Filer Status	[X] Member of the U.S. House of Representatives	State: PA District 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION--Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Chaka Fattah

DATE (Month/Day/Year) 6 15 99

1253

Name Chaka Fattah	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PA State Employee Retirement System	Pension	$3,900.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Chaka Fattah	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	Haddington Multi-Services for Older Adults, Inc.	Speech	11/25	$1,000.00

Name Chaka Fattah | Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
PA State Employee Retirement System	$50,001 - $100,000	Pension reported as earned income	$2,501 - $5,000	NA

Name Chaka Fattah	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	FirstUnion	Personal Loan	$10,001 - $15,000

Name Chaka Fattah | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Riverside Community College Foundation	9/29-9/30	Washington, DC - Riverside, CA - Washington, DC	Y	Y	N	None
Rainbow PUSH Coalition	8/13 - 8/14	Washington, DC - Chicago, IL - Washington, DC	Y	Y	Y	None
American Postal Workers Union	9/18 - 9/19	Washington, DC - Detroit, MI - Washington, DC	Y	Y	N	None

Name Chaka Fattah	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Board Member	Center for Hman Advancement
Board Member	Philadelphia Urban League
Board Member	Family Charter School

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 14 PM 3:03
U.S. HOUSE OF REPRESENTATIVES

HC HAND DELIVERED
(Office Use Only)

BOB FILNER
(Full Name)
2463 RAYBURN HOUSE OFFICE BLDG.
WASHINGTON, DC 20515
(Mailing Address)
225-7933
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 50	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Bob Filner

DATE (Month/Day/Year): 5/14/99

1260

Name BOB FILNER	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
SELF-EMPLOYED CONSULTANT	SPOUSE SALARY	NA
PUBLIC EMPLOYEES RETIREMENT SYSTEM	PENSION	$10,537

For payments to charity in lieu of honoraria, use Schedule II

Name BOB FILNER | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb 2, 1998	$2,000
	XYZ Magazine	Article	Aug 13, 1998	$500
	CORNELL UNIVERSITY	SPEECH	NOV. 16, 1998	$2,000

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Name BOB FILNER | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A) None	(B) $1 – $1,000	(C) $1,001 – $15,000	(D) $15,001 – $50,000	(E) $50,001 – $100,000	(F) $100,001 – $250,000	(G) $250,001 – $500,000	(H) $500,001 – $1,000,000	(I) $1,000,001 – $5,000,000	(J) $5,000,001 – $25,000,000	(K) $25,000,001 – $50,000,000	(L) Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income (I) None	(II) $1 – $200	(III) $201 – $1,000	(IV) $1,001 – $2,500	(V) $2,501 – $5,000	(VI) $5,001 – $15,000	(VII) $15,001 – $50,000	(VIII) $50,001 – $100,000	(IX) $100,001 – $1,000,000	(X) $1,000,001 – $5,000,000	(XI) Over $5,000,000	Transaction (P, S, E)
SP, DC, JT	*Examples*																															
SP	Mega Corp. Stock						X							X																		P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts							X								X																
	CMA MONEY FUND (Merrill Lynch)			X										X									X									
	GUARDIAN MUTUAL FUND (Neuberger + Berman)			X										X			X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 5 of 9

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	ML TECHNOLOGY VENTURES		X													X	X					X										
	NAT. HEALTH INSUR CO. - #1			X												X							X									
	NUVEEN CA. TAX-FREE FUND							X						X												X						
	OCTUS, INC.			X										X							X											
	SAN DIEGANS for BOB FILNER						X									(NA)					X											
	USE CREDIT UNION			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 6 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Bank of America (checking)	X														X					X											
	Congressional FCU			X												X					X											
	L.A. County Sanit. Bonds			X												X							X									
	ML IRA (Merrill Lynch)				X									X			X								X							
	S.D. County CTPS - 2001 (Bond)			X												X							X									
	CALIF ST. Bond	X														X								X								S
	S.D. County CTPS - 2004 (Bond)				X											X								X								
	CALIF HEALTH FCS BOND				X											X							X									
	NAT'L HEALTH INSUR CO.-#2					X										X									X							
	FRESNO SCHOOL DIST BOND				X											X								X								P

SCHEDULE IV — TRANSACTIONS

Name BOB FICNER Page 7 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	CALIF. STATE BOND		X		4-1-98		X								
	FRESNO CA. SCHOOL DIST. BOND	X			4-6-98		X								

This page may be copied if more space is required.

Name BOB FILNER | Page 8 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, J1	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	SAN DIEGO NATIONAL BANK	PERSONAL LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

Name BOB FILNER | Page 9 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	BROOKINGS INSTITION/ JAPAN CTR for INTL. EXCH.	JAN 18-23	WASH, DC – TOKYO, JAPAN – WASH, DC	Y	Y	Y	N
	ASSOC. of ACUPUNCTURE + ORIENTAL MEDICINE	MAY 2-3	SAN DIEGO, CA – SAN FRANCISCO, CA – SAN DIEGO	Y	Y	Y	N
	INFORMATION TECHNOLOGIES/ CREDIT UNION ASSOC.	MAY 28-29	WASH, DC – ALBUQUERQUE, N.M. – WASH, DC	Y	Y	Y	2 DAYS
	CORNELL UNIVERSITY	NOV 15-17	SAN DIEGO, CA – ITHACA, NY – WASH, DC	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

99 MAY 17 PM 4:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Rep. Ernest (Ernie) Lee Fletcher
(Full Name)

1117 Longworth House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone 202/225-4706

Filer Status	[X] Member of the U.S. House of Representatives	State District KY (6)	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** New Member — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** New Member — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ernest L. Fletcher

DATE (Month/Day/Year): 5/14/99

1269

Name Rep. Ernest (Ernie) Lee Fletcher	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Dist. 2nd)	Spouse Speech	$1,000
	Oneida County Board of Education	Spouse Salary	NA
	Family Health Physicians (formerly St. Joseph Medical Ftn)	Salary	$141,404.86

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan th- is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year If you use a valuation method other than fair market value, please specify the type of income by writing a brief description in this block. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP 123 Main St., Dover, Del. JT Mega Corp. Stock 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
PNC Bank Accts	$15,001 - $50,000	Interest	$201 - $1,000	NA
Edward D. Jones Acct	$1,001 - $15,000	Dividends	$201 - $1,000	NA
Health Finance Inc IRA	$100,001 - $250,000	Capital Gains	$5,001 - $15,000	NA
Q Med Inc IRA	$1,001 - $15,000	Capital Gains and Dividends	None	NA
Mutual of America 403-B	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	NA
Medpartners Stock/IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA
Applied Materials IRA	$1,001 - $15,000	Capital Gains and Dividends	None	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Goldman Sachs IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	NA
Finish Line IRA	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
Small Cap World Fund IRA	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	NA
Templeton Fund IRA	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	NA
First Security IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA
Mylan Labs IRA	$1,001 - $15,000	Capital Gains and Dividends	$2,501 - $5,000	S
Air Touch IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA
Atmel Corp IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	NA
Fidelity Investments/IRA	$50,001 - $100,000	Capital Gains and Dividends	$5,001 - $15,000	NA
Cicso System Inc IRA	$1,001 - $15,000	Capital Gains and Dividends	None	P
Dollar General Corp IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
Gillette Co IRA	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
3 Com IRA	$1,001 - $15,000	Capital Gains and Dividends	None	P
Physician Computer Network Stock	$1,001 - $15,000	Dividends	$1 - $200	P
Rental Property - 12 Moorefield Ct, Durham, NC	$100,001 - $250,000	Rent	$1,001 - $2,500	P
Glaxo & Centecor were sold in 2/97 and gains reported on previous report.				

Name Rep Ernest (Ernie) Lee Fletcher	Page 1 of 1

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Finish Line Inc IRA	Sold	4/6/98	$1,001 - $15,000
	Mylan Labs Inc IRA	Sold	10/5/98	$1,001 - $15,000
	3Com IRA	Purchase	10/6/98	$1,001 - $15,000
	Gillette Co IRA	Purchase	10/6/98	$1,001 - $15,000
	Cisco System Inc IRA	Purchase	10/6/98	$1,001 - $15,000
	Physician Computer Network Stock	Purchase	10/22/98	$1,001 - $15,000
	Dollar General Corp IRA	Purchase	12/1/98	$1,001 - $15,000
	Rental Property - 12 Moorefield Ct, Durham, NC	Purchase	8/18/98	$100,001 - $250,000

Name Rep Ernest (Ernie) Lee Fletcher	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	Countrywide Home Loans, Raleigh, NC	Rental Property Loan	$100,001 - $250,000

SCHEDULE VIII – POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
CEO & President (resigned effective 1/2/99)	Family Health Physicians (formerly St Joseph Medical Fdn)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED
(Office Use Only)

Mark Adam Foley
(Full Name)

3507 Village Boulevard #304 West Palm Beach, FL 33409
(Mailing Address)

Daytime Telephone
561-627-6192

Filer Status	[X] Member of the U S House of Representatives	State: FL District: 16	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL Mark Foley

DATE (Month/Day/Year) 5/17/99

Name	Page 2 of 9
Mark Adam Foley	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Mark Adam Foley	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	Florida Association of Realtors	Speech	April 26, 1998	$1000
	KMART, Inc.	Appearance	Sept. 16, 1998	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Mark Adam Foley

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock					X								X										X								P
DC	*Examples:* Simon & Schuster			Indefinite																Royalties								X				
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	Apt 118 Hotel Aspen						X								X		X										X					S
	257 CU REIT			X										X									X									
	1000 Banyan Hotel Inv		X											X							X											
	200 Televideo Systems		X											X							X											
	Life Insurance Policy				X											X								X								
	200 Florida Power & Light			X										X									X									
	3000 Novell				X									X							X											S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Adam Foley

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Galaxy Prime Reserve Fund					X										X								X								
	Advanced Health Coep			X										X							X											
	200 Dentsply Int			X										X								X										
	200 Engle Homes			X										X								X										
	3000 NSTOR Tech			X										X							X											
	50 Televideo Inc		X											X							X											
	60000 SUNCOM Tele.				X									X							X											
	500 Big Lake Bank			X										X								X										
	1000 General Magic			X										X							X											
	200 Oracle			X										X							X											
	1357 Rep. Sec. Bank			X										X									X									
	300 Riggs Bank			X										X									X									
	500 Servico			X										X							X											
	200 USA Detergent			X										X							X											
	100 Boeing			X										X								X										
	1000 Ameripath			X										X							X											
	1000 Rexhall				X									X							X											
	400 Lehman Bros				X									X								X										
	500 Sotheby's				X																											S
	Wright Patman CD's				X											X								X								
	First Union			X												X						X										
	Wright Patman ckg & Mmkt			X												X						X										
	Federal Thrift Savings Plan						X									X	X															

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SCHEDULE IV — TRANSACTIONS

Name Mark Adam Foley

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Apt 118 Hotel Aspen		X		7/7/98				X						
SP	3000 Shares Novell		X		6/12/98		X								
SP	500 Sotheby's		X		7/22/98		X								
SP	1000 General Magic		X		12/28/98	X									

This page may be copied if more space is required.

Name	Mark Adam Foley	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles; household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	UTE City Mortgage	Mortgage on 118 Hotel Aspen			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Recreation Coalition	Jan 14 - 15	West Palm - Orlando	Y	Y	N	N
	FL Assoc. of Realtors	Jan 17 - 18	Orlando - West Palm	Y	Y	N	N
	The Disney Company	April 18-19	West Palm - Orlando-West Palm	Y	Y	N	N
	American Physical Therapists Assoc	June 6-7	West Palm -Orlando-West Palm	Y	Y	N	N
	Invest to Compete Alliance	July 2-5	West Palm-Cape Cod-West Palm	Y	Y	N	N
	Recording Industry Assoc of Amer.	Nov 20-23	DC - Miami - DC	Y	Y	N	N
	CELI, Congressional Economic Leadership Institute	Nov 29-Dec6	DC-Brussels-London-DC	Y	Y	N	N

This page may be copied if more space is required.

Name	Mark Adam Foley	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

MARK FOLEY
16TH DISTRICT, FLORIDA
DEPUTY MAJORITY WHIP
WAYS AND MEANS COMMITTEE
HUMAN RESOURCES SUBCOMMITTEE

Congress of the United States
House of Representatives
Washington, DC 20515

REPLY TO
113 CANNON BUILDING
WASHINGTON, DC 20515–0916
(202) 225–5792
FAX (202) 225–3132
E-MAIL mark.foley@mail.house.gov
WEBSITE http://www.house.gov/foley

RECEIVED
1999 MAY 28 PM 1:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 27, 1999

The Clerk
U.S. House of Representatives
B-106 Cannon House Office Building
Washington, DC 20515

MC

To Whom It May Concern:

I am writing this letter to amend Schedule III of my Financial Disclosure for calendar year 1998.

I inadvertantly listed Apt 118 Hotel Aspen; 3000 Shares Novell; 500 Shares Sotheby's and 1000 Shares General Magic. The four items should be removed as they were listed on the Schedule IV Transactions. The shares were all liquidated and therefore have a zero balance.

Thank you for your attention to this matter.

With best regards,

Mark Foley

Mark Foley
Member of Congress

PALM BEACH GARDENS
4440 PGA BLVD., SUITE 406
PALM BEACH GARDENS, FL 33410
(561) 627-4192
FAX (561) 626-4749

PORT ST. LUCIE
COUNTY ANNEX BUILDING
250 NW COUNTRY CLUB DRIVE
PORT ST. LUCIE, FL 34986
(561) 878-3181
FAX (561) 871-0851

HIGHLANDS COUNTY
SEBRING CITY HALL
(By Appointment Only)
(941) 471-1813

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

99 MAY -6 PM 1:11
HAND DELIVERY
HOUSE
REPRESENTATIVES

Michael P. Forbes
(Full Name)

P.O. Box 245
(Mailing Address)

Daytime Telephone:
202-225-3826

Quogue NY 11959

MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 01	[ ] Officer or Employee	Employing Office	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics In Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael Forbes

DATE (Month/Day/Year): 5/5/99

1286

Name Micahel P. Forbes | Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Services Administration	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Micahel P. Forbes | Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP Mega Corp. Stock JT SP 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Condominium - Arlington, VA	$100,001 - $250,000	Rent	$5,001 - $15,000	NA
JT 2 Seuss Path, Quogue, NY	$250,001 - $500,000	Rent	$2,501 - $5,000	NA

Name Micahel P. Forbes	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Partner	Forbes & Gallagher

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 18 1 3:22

HAND DELIVERED

(Office Use Only)

Michael P. Forbes
(Full Name)

P.O. Box 245
Quogue NY 11959-0245
(Mailing Address)

Daytime Telephone
202-225-3826

Filer Status	[X] Member of the U S House of Representatives	State NY District 01	[ ] Officer or Employee — Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: Mike Forbes

DATE (Month/Day/Year): 5/18/99

1290

Name Michael P. Forbes	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	General Services Administration	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael P. Forbes | Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* JT	SP Mega Corp Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Condominium - Arlington, VA	$100,001 - $250,000	Rent	$5,001 - $15,000	NA

Name Michael P. Forbes	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child
amount owed during the year
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
JT	Chase Manhattan Bank	Mortgage on 2 Seuss Path, Quogue, NY	$100,001 - $250,000

Name Michael P Forbes	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise; any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Partner	Forbes & Gallagher

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 1:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Harold E. Ford, Jr.
(Full Name)

58 Rivermist, Memphis, TN 38103
(Mailing Address)

(202) 225-3265
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Tennessee District 9th	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
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SIGNATURE OF REPORTING INDIVIDUAL: Harold Ford Jr.

DATE (Month/Day/Year): 5/13/99

1295

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	University of South Carolina Black Law Students Assoc	Speech	September 30, 1998	$1,000
	National Council of Educational Opportunity Assoc.	Speech	September 30, 1998	$2,000
	Mr. Chad Brownstein	Speech	September 30, 1998	$1,000
	Chattanooga Urban League	Speech	December 31, 1998	$2,000

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

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SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	William D. Ford Federal Direct Loan ~~Program, U.S. Dept. of Education~~	Educational Loan		X								
	First Tennessee Bank, N.A. Memphis, Tennessee	Consumer Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Greater Warner Tabernacle AME Zion Church	Jan. 18-19	Memphis-Knoxville-Memphis	Y	Y	N	N
	Univ. of S. Carolina Black Law Student Assoc.	Feb. 28 - Mar. 1	Memphis-Columbia, SC-Memphis	Y	Y	N	N
	Dublin City University	Apr. 13-16	Memphis-Dublin-Memphis	Y	Y	N	N
	National Counsel of Educational Opportunity Assoc.	Apr. 18-19	Memphis-LasVegas-Memphis	Y	Y	N	N
	Nashville Urban League	May 11	Memphis-Nashville-Memphis	Y	Y	N	N
	Illinois Selected Mortician's Assoc.	June 6	New York - Chicago - Raleigh, NC	Y	Y	N	N
	Allen AME Church Law Day	Sept. 12-13	Memphis-New York - Memphis	Y	Y	N	N
	Indiana Commission of Social Studies of Black Males	Sept. 29-30	Memphis - Indianapolis - Memphis	Y	Y	N	N
	Black Lawyers Assoc. of Miami	Nov. 14-15	Memphis - Miami - Washington, D.C.	Y	Y	N	N
	Nashville Bar Association	Nov. 20-21	Memphis-Nashville-Memphis	Y	Y	N	N
	Chattanooga Urban League	Dec. 3-4	Memphis-Chattanooga-Memphis	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 3:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)

Vito John Fossella
(Full Name)
15 Grandview Terrace
(Mailing Address)
Staten Island, NY 10308
(718) 356-8400
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State New York District 13th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/99

1299

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Chase Manhattan Bank	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Vito J. Fossella

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP	Mega Corp. Stock	$50,001 – $100,000 (E)	Royalties	$1,001 – $2,500 (IV)	P
DC	Simon & Schuster	Indefinite (B)	Royalties	$5,001 – $15,000 (VI)	S
JT	1st Bank of Paducah KY accounts	$100,001 – $250,000 (F)	INTEREST	$50,001 – $100,000 (VIII)	P
JT	Chase Manhattan Bank Acc't	$15,001 – $50,000 (C)	INTEREST	$201 – $1,000 (II)	
DC	Chase Manhattan Bank Account	$15,001 – $50,000 (C)	INTEREST	$201 – $1,000 (II)	
DC	Chase Manhattan Bank Acc't	$15,001 – $50,000 (C)	INTEREST	$201 – $1,000 (II)	
	NYC Deferred Comp.	$15,001 – $50,000 (C)	DIVIDENDS	$201 – $1,000 (II)	
SP	Chase Manhattan Thrift Savings	$15,001 – $50,000 (C)	DIVIDENDS	$15,001 – $50,000 (VI)	
SP	Chase Manhattan Retirement	$15,001 – $50,000 (C)	INTEREST	$1,001 – $2,500 (IV)	

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Vito J. Fuscella

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
SP	Chase Stock Option	X			7-21-98		X (Exercise of Previously Reported options)								
SP	Chase Stock Option	X			11-24-98										

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Auburn Dam Council	7/6-7/8/98	NYC-Sacramento-NYC	Y	N	Y	2 days

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Congress of the United States
Washington, DC 20515

INSIDE MAIL

99 MAY 21 PM 5:00

May 18, 1999

The Honorable Jeff Trandahl
Clerk,
United States House of Representatives
H154 Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

Schedule IV of my Financial Disclosure Statement for Calendar Year 1998 listed a November 24, 1998 transaction which inadvertently left the amount of transaction box blank. Box C of the amount of transaction ($15,001-50,000) should have been marked. While this was an exercise of a previously reported stock option by my wife, no stock was issued and cash was received which was deposited into the bank accounts listed in schedule III.

Upon consultation with the Committee of Standards of Official Conduct, this letter will suffice to fulfill the reporting as required for the November 24, 1998 transaction as listed in Section IV.

Thank you for your consideration in this matter and should you have any questions, please do not hesitate to contact me.

Sincerely,

Vito J. Fossella
Member of Congress

cc: David Laufman, Committee on
Standards of Official Conduct
VJF:tq

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERY
MC
(Office Use Only)

Tillie K. Fowler
(Full Name)

4730 Prince Edward Road; Jacksonville, FL 32210 (Mailing Address) 202 225-2501 (Daytime Telephone)

Contact: Buck Fowler 904 388-7342

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District: Fourth	[ ] Officer or Employee	Employing Office
Report Type	[ ] Initial [X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

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II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
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SIGNATURE OF REPORTING INDIVIDUAL Tillie K. Fowler

DATE (Month/Day/Year) 5/14/99

1305

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SeaSafe, Inc. ; Lafayetee, LA	Spouse Consulting Fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Tillie K. Fowler

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
	SP, DC, JT	A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
Examples	SP Mega Corp. Stock	E	X				X			X																			P
	Simon & Schuster			Indefinite																									
	1st Bank of Paducah, KY accounts					X												X											
L	SP R. W. Fowler and Associates, Inc. and Related Companies																												
	Stock									X				X												X			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

Page 4 of 8

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
2.	SP	Paine Webber, Inc.																															
		Retirement Account																															
		Jacksonville, FL.									X																NA						
3.	SP	Lo Jack Corporation																															
		Common Stock				X																X											
4.	SP	Sun Trust																															
		Bank Accounts							X								X										X						
5.	SP	635A Ponte Vedra Blvd																															
		Ponte Vedra Beach, FL								X						X											X						
6.	SP	Douglas Partnership																															
		I, Ltd. Office Bldg																															
		Tallahassee, FL				X										X								X									
7.		South Trust Bank																															
		Bank Accounts																															
		Jacksonville, FL			X												X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
8		South Trust Bank																															
		IRA Account																															
		Jacksonville, FL			X																						NA						
9		First Union Bank of																															
		Florida, Bank Accounts																															
		Jacksonville, FL.				X											X								X								
0	SP	Paine Webber Invest-																															
		ment Accounts,																															
		Jacksonville, FL.									X				X		X											X					
		(Pages A-1 to A-6 att	d)																														
1	SP	First Guaranty Bank																															
		Bank Accounts																															
		Jacksonville,FL.					X										X								X								
2		First Guaranty Bank																															
		Bank Accounts																															
		Jacksonville, FL				X											X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
3	SP	Island One Communications: Common Stock			X																	X											
4	SP	Speakeasy Partnership						X														X											

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Management & Development Institute	Feb 16-21	Jax, Fl-Frankfurt, Germany-Jax, FL	Y	Y	Y	2 Days
	The Congressional Institute	Apr 30-May 1	Wash, D.C.-Warrenton, VA.-Wash, D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	St. Vincents Foundation! Jacksonville, FL
Board Member	American Red Cross; N. E. Florida Chapter
Board Member	World Golf Village Foundation, Ponte Vedra Beach, FL
Board Member	U. S. Naval Academy; Annapolis, MD
Board Member	Stennis Center For Public Service; Mississippi State, Miss.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

December 1998

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

[redacted]

Net account value on November 30	$	6,954.43 *
Net account value on December 31	$	6,979.32 *
Money funds in 12/31 value	$	6,979.32
Other items not in net account value on 12/31:		
Insurance product values (est.)	$	115,570.35
Net account value plus above	$	122,549.67 *

** Excludes unpriced assets. See back for details.*

PaineWebber
Investment Account

Account Number [redacted]

Your Investment Executive

[redacted]

L BUCK FOWLER
4730 PRINCE EDWARD ROAD
JACKSONVILLE FL 32210-8118

Earnings summary

Earnings below are classified as taxable or non-taxable based on the tax status for the specific security on which the earnings are received and does not attempt to reflect your account's tax status or reporting requirements. Use only official tax reporting documents (e.g. 1099) for tax reporting purposes. The classification of Direct/Private distributions can only be determined by referring to the official year-end tax reporting document provided by the issuer.

	Current period	Year-to-date
Taxable		
PaineWebber Money fund dividends	$ 24.89	$ 333.29
Total taxable earnings	$ 24.89	$ 333.29
Prior year(s) adjustments	.00	8.57

Asset summary

See back of page one for information on assets excluded from this summary.

	% of portfolio	Value
Money funds	100.00	6,979.32
Net account value		$ 6,979.32

Investment objectives

Investment objectives describe the overall goals you have for this account. PaineWebber is introducing new investment objectives which include a return objective and a primary and, if applicable, secondary risk profile. A description of the alternatives is included on the reverse side of page one of this statement. Please contact your Investment Executive or the Branch Manager at your branch office to update your account objectives.

1. Growth 2. Investment grade 3. Income 4. Speculation

Bulletin Board

USE THE POWER OF COMPOUNDING TO YOUR ADVANTAGE - MAKE YOUR 1999 TRADITIONAL OR ROTH IRA CONTRIBUTION EARLY

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December 1998

Account Number [redacted] Page 2 of 2

Your Investment Executive

[redacted]

PaineWebber
Investment Account

[redacted]

Asset portfolio

Prices, income and current values may be approximate. Details on back of page one.

Quantity/face value	Description	Price	Current value	Est. income
6,979.320	CASHFUND	1.000	6,979.32	
	Opening balance $ 6,954.43 Avg yield 4.66% Int period 11/24 - 12/21			
100,000	NATIONAL INTEGRITY LIFE GRO10100%TUM 10YR	Excluded from acct value	115,570.35	
	AS OF 12/15/1998			
	Contract/policy # 9810001318 Rate: Variable Purchased 12/12/98			
	Total		$ 6,979.32	

Activity

Date	Activity	Description	Quantity	Price / Value / Comment	Amount
11/30		**Balance forward**			$ .00
12/23	DIVIDEND	PAINE WEBBER CASHFUND			24.89
12/23	BOUGHT	PAINE WEBBER CASHFUND	24.890	1	-24.89
12/31		**Closing balance**			$ .00

December 1998

PAINEWEBBER INC.
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202-5081

[redacted]

Net account value on November 30	$	970,476.32 *
Net account value on December 31	$	956,263.11 *
Cash in 12/31 value	$	346,578.40
Other items not in net account value on 12/31:		
Insurance product values (est.)	$	642,038.49
Net account value plus above	$	1,598,301.60 *

* Excludes unpriced assets. See back for details.

PaineWebber
Resource Management Account

Account Number [redacted]

Your Investment Executive

[redacted]

L BUCK FOWLER
SPECIAL ACCT #1
4730 PRINCE EDWARD ROAD
JACKSONVILLE FL 32210-8118

Activity highlights

		Current period		Year-to-date
Deposits	$	.00	$	722,401.50
Miscellaneous charges and adjustments		.00		-85.00
Security transfers (value of securities at time of transfer)				
Securities transferred in		.00		161,158.65
Net change from cash flow and security transfers	$	.00	$	883,475.15

Earnings summary

Earnings below are classified as taxable or non-taxable based on the tax status for the specific security on which the earnings are received and does not attempt to reflect your account's tax status or reporting requirements. Use only official tax reporting documents (e.g. 1099) for tax reporting purposes. The classification of Direct/Private distributions can only be determined by referring to the official year-end tax reporting document provided by the issuer.

		Current period		Year-to-date
Taxable				
PaineWebber Money fund dividends	$	1,231.50	$	11,320.56
Other dividends		2,121.33		22,197.37
Total taxable earnings	$	3,352.83	$	33,517.93
Prior month(s) adjustments		2,974.38		
Net taxable earnings	$	6,327.21	$	33,517.93
Prior year(s) adjustments		.00		196.98

Investment objectives

Investment objectives describe the overall goals you have for this account. PaineWebber is introducing new investment objectives which include a return objective and a primary and, if applicable, secondary risk profile. A description of the alternatives is included on the reverse side of page one of this statement. Please contact your Investment Executive or the Branch Manager at your branch office to update your account objectives.

1. Growth 2. Income 3. Investment grade 4. Speculation

Bulletin Board

1998 YEAR-END SUMMARY INFORMATION IS INCLUDED IN THIS STATEMENT. USE THIS VALUABLE TOOL TO START PLANNING YOUR 1998 TAXES. A SEPARATE SUMMARY WILL NOT BE MAILED IN FEBRUARY.

RESOURCELINE 1-800-RMA-1000 ACCOUNT # 315025920
FOR AN RMA REPRESENTATIVE CALL 1-800-RMA-1000.

Asset summary

See back of page one for information on assets excluded from this summary.

	% of portfolio		Value
Equities	72.71		443,304.12
Mutual funds	27.29		166,380.59
Total invested assets	100.00	$	609,684.71
Plus cash balance			346,578.40
Net account value		$	956,263.11

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PaineWebber
Resource Management Account

[redacted]

Asset portfolio

When available, prices, income and current values may be approximate and thus gains/losses may not be accurately reflected. Details on back of page one. An asterisk (*) indicates a change in the original transaction data from the prior month or the display of new data input at your branch office. Gains/losses are not calculated for zero coupon investments.

Equities

Other equity investments

Cost basis and gains/losses have not been adjusted automatically for return of capital payments. Restricted security values are not included in your net account value.

Total shares	Description	Price	Current value	Est. annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unrealized Gain/loss
✓ 17,489	MANAGED HIGH YIELD PLUS FUND	12.125	212,054.12	26,234	06/24/98	16,666.000	15.000	249,990	-47,914
					Earnings	823.000	12.604	10,373	-394
✓ 25,000	VAN KAMPEN SENIOR INCOME TRUST	9.250	231,250.00	18,300	06/23/98	25,000.000	10.000	250,000	-18,750
	Total		$ 443,304.12	44,534				510,363	-67,058

Insurance products

Annuity contracts, life insurance and long-term health care products listed below are not held in your account at PaineWebber and therefore are not included in your total net account value.

Annuities

Amount	Description	Contract/policy no	Current value	Rate	Issue date
100,000	NATIONAL INTEGRITY LIFE GRO10100%TUM 10YR AS OF 12/15/1998	9730002254	112,826.52	Variable	05/23/97
375,000	NATL INTEGRITY PINNACLE2 GRO10100% AS OF 12/15/1998	9730001043	426,243.86	Variable	01/23/97
100,000	KEYPORT LIFEKEYSELECT % S5005YR 100 AS OF 12/11/1998	KA00767637-01	102,968.11	Variable	12/11/97
575,000	**Total**		$ 642,038.49		

Money funds

Description	Opening balance	Closing balance	Closing share price	Average yield	Dividend period	Days in period
RMA MONEY MKT. PORTFOLIO	345,337.14	.00	1.00	4.66%	11/19 - 12/16	29
Total	$ 345,337.14	$ .00				

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[redacted]

Mutual funds

Unrealized gain/loss indicates the cost basis versus the current value for each security lot from a tax reporting perspective and is the amount that would be realized should you sell the lot. Cost basis may need to be adjusted for return of capital payments. An "earnings" lot represents the aggregate cost basis of all dividends paid that were reinvested in the fund. If you have earnings lots, an additional calculation appears showing the overall change in value of your current position versus the money you invested in the fund. This "investment return" shows overall performance of your total investment including dividends reinvested in the fund and market appreciation or depreciation. The "investment return" figure does not include cash dividends not reinvested in the fund.

Total shares	Description	Price	Current value	Est annual income	Trade date	Shares purchased	Purchase price	Cost basis	Unrealized Gain/loss
18,704.879	EV CLASSIC SENIOR FLOATING RATE	9.960	166,380.59	11,143	04/29/97	13,926.271	9.970	138,844	-138
					Earnings	2,778.608	9.970	27,704	-29
	Total client investment:		$ 138,844						
	Investment return:		$ 27,536						
	Total		$ 166,380.59	11,143				166,548	-167

Monthly activity

Cash flow

Date	Activity	Description	Amount
11/30		**Balance forward**	$ .00
12/01	DIVIDEND	EV CLASSIC SENIOR FLOATING RATE AS OF 11/30/98	872.77
12/04	DIVIDEND	MANAGED HIGH YIELD PLUS FUND AS OF 11/30/98	2,101.61
12/18	DIVIDEND	RMA MONEY MKT. PORTFOLIO	1,231.50
12/24	DIVIDEND	MANAGED HIGH YIELD PLUS FUND AS OF 12/16/98	2,121.33
		Funds used for security transactions	$ -5,085.95
		Proceeds from money fund transactions	$ 346,578.40
		Funds used for money fund transactions	$ -1,241.26
12/31		**Closing balance**	$ 346,578.40

Security transactions

Date	Activity	Description	Quantity	Price / Value	Amount
12/01	REINVESTMENT	EV CLASSIC SENIOR FLOATING RATE DIVIDEND REINVESTED AT 9.97 NAV ON 11/30/98 AS OF 11/30/98	87.540	$	872.77
12/04	REINVESTMENT	MANAGED HIGH YIELD PLUS FUND AT 13.037000 REINVEST PRICE ON 12/04/98 EXECUTION CAPACITY: AGENT AS OF 11/30/98	161.000		2,098.96

Continued on page 4

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Your Investment Executive
[redacted]

PaineWebber
Resource Management Account

[redacted]

Security transactions - continued

Date	Activity	Description	Quantity	Price / Value	Amount
12/24	REINVESTMENT	MANAGED HIGH YIELD PLUS FUND	172.000		$ 2,114.22
		AT 12.292000 REINVEST PRICE ON 12/24/98			
		EXECUTION CAPACITY: AGENT AS OF 12/16/98			
		Securities purchased			$ 5,085.95

Money fund transactions

The RMA Money Mkt. Portfolio is your primary sweep fund.

Date	Activity	Money fund	Amount
11/30		**Opening RMA Money Mkt. Portfolio**	$ 345,337.14
12/07	BOUGHT	RMA MONEY MKT. PORTFOLIO	2.65
12/18	BOUGHT	RMA MONEY MKT. PORTFOLIO	1,231.50
12/28	BOUGHT	RMA MONEY MKT. PORTFOLIO	7.11
12/31	SOLD	RMA MONEY MKT. PORTFOLIO	-346,578.40

Date	Activity	Money fund	Amount
12/31		**Closing RMA Money Mkt. Portfolio**	$ .00
		Money funds purchased	$ 1,241.26
		Money funds sold	$ -346,578.40

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 AM 11:29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Barney Frank
(Full Name)

2210 Rayburn Building
(Mailing Address)
Washington DC 20515

Daytime Telephone
202-225-5931

Filer Status	[X] Member of the U.S. House of Representatives	State MA District 04	[ ] Officer or Employee	Employing Office	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, **complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, **complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL Barney Frank

DATE (Month/Day/Year) 5-13-99

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SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	TIAA-CREF Retirement Account	($28,376) $15,001 - $50,000	None	None	NA
	1919 S St., N.W. Washington, DC (personal residence; half interest)	None	None	None	S
	McGraw-Hill Publishing Co. (Hightstown, NJ)	Indefinite	Royalties	$1 - $200 ($8.68)	NA
	Fidelity Investments (Boston, MA) IRA (mutual funds)	$15,001 - $50,000 ($34,295)	None	None	NA
	City of Taunton, MA Municipal Bonds	None	Interest	$201 - $1,000 ($860)	S

Name Barney Frank | Page 3 of 7

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Town of Leicester, MA Municipal Bonds	None	Interest	$201 - $1,000 ($720)	S
	University of Massachusetts Building Authority Bonds	None	Interest	$201 - $1,000 ($377)	S
	Fidelity Investments (Boston, MA) Tax Free Money Market Account	None	Interest	$1 - $200 ($176.20)	Liquidated in 1998
	AIM Stock IRA (Boston, MA)	($28,062.48) $15,001 - $50,000	None	None	NA
	US Trust (Boston, MA) Savings Account	$1,001 - $15,000 ($9,369	Interest	$201 - $1,000 ($403)	NA
	4 % Interest in Breadline Restaurant (Washington, DC)	$15,001 - $50,000 ($25,000)	None	None	NA
	1401 17th Street, NW Washington, DC (personal residence)	$100,001 - $250,000 (equity: $60,000)	None	None	P
	Salomon Smith Barney Brokerage Account -- Money Fund	$15,001 - $50,000 ($45,704.81)	Dividends and Interest	$201 - $1,000 ($805.98)	P
	Salomon Smith Barney Brokerage Account -- Mutual Fund	$15,001 - $50,000 ($23,326.10)	Capital Gains	$201 - $1,000 ($822.13)	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	*Purchase*	10/12/1998	$15,001 - $50,000
	1919 S Street, NW (Washington, DC (personal residence; half interest)	Sold	July, 1998	$500,001 - $1,000,000*
	1401 17th Street, NW Washington, DC (personal residence)	Purchase	July, 1998	$100,001 - $250,000 ($175,000)
	City of Taunton, MA Municipal Bonds	Sold	July, 1998	$15,001 - $50,000 ($16,050)
	Town of Leicester, MA Municipal Bonds	Sold	July, 1998	$1,001 - $15,000 ($14,970)
	University of Massachusetts Building Authority Bonds	Sold	July, 1998	$1,001 - $15,000 ($10,460)
	Salomon Smith Barney Brokerage Account -- Money Fund	Purchase	August, 1998	$15,001 - $50,000
	Salomon Smith Barney Brokerage Account -- Mutual Fund	Purchase	August, 1998	$15,001 - $50,000
	* Selling price of 1919 S St., NW: $535,000			

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	First Union Mortgage Co. (Raleigh, NC)	Mortgage on 1919 S Street, NW Washington, DC (personal residence; 1/2 interest)	$100,001 - $250,000
	Flagstar Bank (Bingham Farms, MI)	Mortgage on 1401 17th Street, NW Washington, DC (personal residence)	$100,001 - $250,000 ($115,000)

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 8-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Israeli Forum (Tel Aviv) [Intl. Jewish Parliamentarians Conference] 1	1/3 - 1/9	Washington - New York - Tel Aviv - New York - Washington	Y	Y	N	None
University of Massachusetts at Boston [speech]	2-11	Washington - Boston - Washington	N	N	N	None
Congregation Shalom Brotherhood (Milwaukee) [speech]	2/27 - 3/1	Washington - Milwaukee - Washington	N	N	N	None
Stonewall Democratic Club (Los Angeles) [speeches]	3/7 - 3/9	Washington - Los Angeles - Washington	Y	N	N	None
Reading Hospital & Medical Center (Reading, PA) [speech]	4/7 - 4/8	Boston - Wilkes-Barre - Reading - Wilkes-Barre - Boston	Y	Y	N	None
Jane Harman for Governor Committee [speech]	5/29 - 5/30	Washington - Denver - Washington 2	N	N	N	None
Cathedral of Hope (Dallas, TX) [speech]	6/20 - 6/21	Washington - Dallas - Washington	Y	N	N	None
Iowa Democratic Party (Des Moines) [speeches]	8/26 - 8/28	Boston - Des Moines - Chicago	Y	N	N	None
Gay & Lesbian Medical Assoc. (San Francisco) [speeches]	8/28 - 8/30	Chicago - Washington	Y	N	N	None
Las Vegas Gay & Lesbian Community Center [speeches]	9/4 - 9/7	Boston Las Vegas - Washington	Y	N	N	None
Elections Committee of Orange County (CA) [speech]	9/26 - 9/27	Washington - Los Angeles - Washington	Y	N	N	None

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure–Destination–Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Americans for Democratic Action [speech] 3	10/16 - 10/17	Boston - Philadelphia - Boston	Y	N	N	None
Conan O'Brien Show [television appearance] 4	12/22 - 12/24	Transportation costs paid out of personal funds	Y	N	N	One Day

1. Airfare paid by Barney Frank for Congress Committee.

2. Original destination was San Francisco, but flight was cancelled in Denver because of bad weather and mechanical problems.

3. Lodging paid by Hoeffel for Congress Committee.

4. One night lodging only paid for by O'Brien show.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Robert D. Franks & Frances L. Smith
(Full Name)

20 Springholm Drive
(Mailing Address)

Berkeley Heights, NJ 07922

Daytime Telephone
(973)994-9400 Martin S. Barber

Filer Status	[X] Member of the U.S. House of Representatives	State: NJ District: 7	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/17/99

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Name	Robert D. Franks	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
U.S. House of Representatives	Salary	$136,442
State of New Jersey	Spouse salary	$ 72,418

For payments to charity in lieu of honoraria, use Schedule II.

HEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert D. Franks

Page 1 of 1

BLOCK A — Asset and/or Income Source

entify (a) each asset held for investment production of income with a fair market lue exceeding $1,000 at the end of the porting year, and (b) any other asset or urce of income which generated more an $200 in "unearned" income during the ar. For rental property or land, provide an ddress. Provide full names of any mutual nds. For an IRA or retirement plan over hich you have investment power, provide e required information on each underlying sset that exceeds the value or income porting threshold. For an IRA or retirement lan that is not self-directed, name the stitution holding the account and provide s value at the end of the reporting year.

xclude: Your personal residence(s) (unless ome is rental income); any debt owed to you y your spouse, or by your or your spouse's hild, parent, or sibling; any deposits totalling 5,000 or less in personal savings accounts; ny financial interests in or income derived om U.S. Government retirement programs.

you so choose, you may indicate that an sset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
Examples		SP	Mega Corp Stock				X								X																		P
			Simon & Schuster	Indefinite																	Royalties												
			1st Bank of Paducah, KY accounts					X																									
P	First Union				X												X						X										
P	Legg Mason				X										X								X										
P	Legg Mason IRA						X								X		X	X				N/A	(IRA)										
	Summit Federal S&L				X												X						X										
	Federal Thrift Savings Plan					X																N/A											
	First Union				X																												

For additional assets and unearned income, use next page.

Name	Page 1 of 1
Robert D. Franks	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Managers	Children's Specialized Hospital
Advisory Board	The Occupational Center
Board of Directors	Cerebral Palsey Association of Middlesex County
Advisory Board	United Family and Children's Society of Plainfield
Honorary Board Member	Armenian Genocide Memorial Museum of America
Friend	Garden State Cancer Center
Board Member	Somerset Alliance for the Future

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 AM 10:30
CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Rodney P. Frelinghuysen
(Full Name)

335 James Street
(Mailing Address)

Morristown, New Jersey 07960

(908) 439-3499 (fine)
Daytime Telephone

(202) 225-5034 (Rodney)

Filer Status	[X] Member of the U.S. House of Representatives	State New Jersey District 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A ***$200 penalty*** shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Rod P. Frelinghuysen

DATE (Month/Day/Year): MAY 17, 1999

Name	Rodney P. Frelinghuysen	Page 2 of 35

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	KMART Family Foundation	KMART Kids Race Against Drugs (Lawn Tractor Race)	Sept. 16, 1998	$500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Rodney P. Frelinghuysen

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting year

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	$201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp Stock						X								X										X								P
DC	Examples Simon & Schuster				Indefinite																Royalties						X			X			
JT	1st Bank of Paducah, KY accounts							X									X																
	See Continuation Sheets																																
	Pages 5 thru 24																																

For additional assets and unearned income, use next page.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1998 INCOME	1998 TRANSACTION
Johnson & Johnson	H	DIV	VI	
Pall Corp.	F	DIV	VI	DIV REINVEST.
Peapack Gladstone Financial Corp.	F	DIV	IV	
Summit Bancorp. - NJ	F	DIV	V	
Valley National Bancorp - NJ	C	DIV	II	
Procter & Gamble Co.	I	DIV	VII	DIV REINVEST.
International Business Machines	I	DIV	VI	DIV REINVEST.
Eli Lilly & Co.	I	DIV	VI	DIV REINVEST.
Computer Technology (IRA)	C	NONE	I	
Freedom Cash Management Fund(IRA)	C	DIV	II	
Peapack Gladstone Bank (CKG)	E	INT	IV	
Chase Manhattan(SVGS)	C	INT	III	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1998 INCOME	1998 TRANSACTION
Congressional Federal Credit Union	C	Int	II	
Aetna, Inc.	E	Div	III	
First Union Corp.	D	DIV	III	
Merck & Co., Inc.	G	DIV	VI	
Pfizer, Inc.	F	DIV	IV	
Thomas & Betts Corp.	D	DIV	III	
Warner Lambert Co.	G	DIV	V	
CATS - PRIN - Ser K	C	OID INT	II	
CATS - PRIN - Ser M	D	OID INT	IV	
CATS - PRIN - Ser Q	C	OID INT	III	
Federated U.S. Treasury	A	INT	III	REDEEMED

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

ASSETS	YEAR-END VALUE	INCOME TYPE	1998 INCOME	1998 TRANSACTION
Federated U.S. Government	E	INT	V	P
Motorola, Inc.	D	DIV	III	
Intel Corp.	D	DIV	II	
American Express	D	DIV	II	P
17.923 Acres unimproved land, Frelinghuysen Twp., NJ (Commercial Value 2/26/97)	F			
1/5th undivided interest in 235.8 acres of unimproved land, Stockbridge, Ma. (Est.Value)	E			

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1998 Income received V

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Non-Marital Trust U/W Rodney Procter, Peter H. B. Frelinghuysen, Trustee (1/10th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1998 Income received IX

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : A.H. Frelinghuysen 1950 Trust,
Peter H. B. Frelinghuysen, Trustee
(1/5 income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1998 Income received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : Peter H.B. Frelinghuysen Trust U/D dated 1/17/57, Peter H.B. Frelinghuysen and George L. K. Frelinghuysen, Trustees (1/8th income interest)*

All Assets listed are held in trust, and all transactions are initiated by the Trustee

The trust was not created directly by Rodney, his spouse or any dependents.

They are neither consulted nor give advice regarding these investments.

Neither Rodney, his spouse or any dependents receives monthly, quarterly, yearly reports of any type regarding this trust, excepting the Yearly K-1. Therefore, it qualifies as an Excepted Trust.

1998 Income Received VII

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Knight Ridder, Inc.	E	DIV	
Merck & Co., Inc.	G	DIV	
Procter & Gamble Co.	I	DIV	
Thomas & Betts Corp.	D	DIV	
USX - Marathon Group	D	DIV	
USX - U S Steel	C	DIV	
Banker's Trust Co. Tax Free Income Fund	F	DIV	
Banker's Trust Money Market Account	E	INT	REDEEMED
Warner Lambert Co.	E	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee. Neither Rodney, his spouse or any dependents is consulted nor gives advice regarding thes investments. However, Rodney does receive quarterly statements regarding this trust.

1998 Income Received VII

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Abbott Laboratories	F	DIV	
Allegran, Inc	D	DIV	
Bristol Myers Squibb Co.	F	DIV	
Bestfoods, Inc. (Formerly CPC Int'l & listed as Corn Products Int'l, Inc. in error on FD 1997) - See note attached	E	DIV	
Corn Products, Int'l, Inc. (Rec'd as spin-off fr Bestfoods 1/9/98)	A	NONE	S
Cognizant Corp.	A	DIV	Name Change & Exch.
Nielsen Media Resh., Inc.	B	DIV	Formerly Cognizant Corp.
IMS Health, Inc.	D	DIV	E
Dun & Bradstreet Corp.	C	DIV	Spin-off
R.H. Donnelley Corp.	C	DIV	Spin-off

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Gannett Co., Inc.	E	DIV	
H. J. Heinz Company	D	DIV	
Pepsico, Inc.	F	DIV	
Procter & Gamble Co.	J	DIV	
Electronic Data System Corp.	D	DIV	
Fluor Corp.	A	DIV	
Harcourt Gen., Inc.	D	DIV	
Loews Corp.	F	DIV	
Motorola, Inc.	E	DIV	P
CSX Corporation	D	DIV	
A T & T Corporation	D	DIV	
Lucent Technologies, Inc.	D	DIV	
Southern New England Telecomm Corp.	A	DIV	E

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
SBC Communications	D	DIV	E
Harcourt Gen., Inc. Ser A Conv.	D	DIV	
Puerto Rico New Pub. Hsg Authority Urban	C	INT	
New Jersey St. Trans. Tr Fd. Authority	C	INT	
North Brunswick Twp, N.J.	C	INT	
Money Market Fund	H	INT	P
Tricon Global Restaurants, Inc.	A	DIV	S
American Express Co.	E	DIV	P
Morton Int'l, Inc.	D	DIV	P
McGraw-Hill Cos., Inc.	E	DIV	P
Sherwin Williams Co.	E	DIV	P
Associates First Capital 'A"	D	DIV	P
1998 Income Received		VIII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
U. S. Treasury Notes	G	INT	REDEEMED
U. S. Treasury Bonds	E	INT	
Voorhees Twp. NJ Bd of Ed	A	INT	REDEEMED
Passaic Cty NJ Ref - Gen Imp	E	INT	
New Jersey St. Trans. Tr. Fd Auth. Bonc	F	INT	
Newark, NJ Sch. Qualified Bond	F	INT	
Port Auth. NY & NJ Cons.	F	INT	

All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Deptford Twp.NJ School District	F	INT	
Home Depot, Inc.	G	DIV	
Tricon Global Restaurants	D	DIV	
Bestfoods, Inc. (Formerly CPC Int'l)	D	DIV	
Coca Cola Co.	F	DIV	
General Mills	E	DIV	
Pepsico, Inc.	F	DIV	
Phillip Morris Cos., Inc.	F	DIV	
Procter & Gamble Co.	D	DIV	
Sara Lee Corp.	E	DIV	
Bristol Myers Squibb Co.	D	DIV	
Merck & Co., Inc.	F	DIV	
Pfizer, Inc.	H	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Schering Plough Corp.	E	DIV	
Aetna, Inc.	E	DIV	
Hartford Steam Boiler Insp. & Ins.	D	DIV	
J.P. Morgan & Co.	F	DIV	
Electronic Data Systems Corp.	E	DIV	
Reuters Group PLC ADR (Formerly Reuters Holdings PLC ADR B)	D	DIV	
General Electric Co.	G	DIV	
Emersen Electric Co.	E	DIV	
Parker - Hannifin Corp.	E	DIV	
Hewlett - Packard	F	DIV	
Intel Corp.	F	DIV	
International Business Machines	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Microsoft Corp.	H	NONE	
Motorola, Inc.	E	DIV	
Atlantic Richfield	E	DIV	
Enron Corp.	D	DIV	
Exxon Corp.	F	DIV	
Royal Dutch Petroleum Co.	D	DIV	
Union Pacific Corp.	D	DIV	
Union Pacific Resources Group	C	DIV	
Morgan Stanley Emerging Mkt. Funds	A	DIV	S
Scudder Int'l Fund	F	DIV	
Lucent Technologies	D	DIV	
Bank One Corp. (Formerly Banc One Corp.)	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Federal Nat'l Mortgage Assn.	E	DIV	
First Data Corp.	A	DIV	S
Cisco Systems, Inc.	F	INT	
L. M. Ericsson Tel CL 'B'	E	DIV	
Scudder Tax Free Money Market	D	INT	P
Corn Products Intn'l	C	DIV	Spin-off fr Bestfoods, Inc.
Templeton Emerging Markets Fund	D	INT	P
1998 Income Received		VIII	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE III

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income beneficiary)*

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
U. S. Treasury Notes (Various)	F	INT	REDEEMED
Randolph Twp. NJ Muni Bond	A	INT	REDEEMED
NJ Sports Expo Auth	D	INT	
NJ (Tax Exempt) Muni Bond	E	INT	
Florida St Bd of Ed	A	INT	REDEEMED
Banc One Corp. $3.50 Conv Pfd C	A	DIV	E
Bank One Corp.	E	DIV	E
Coca Cola Co.	F	DIV	

* All Assets listed are held in trust, and all transactions are initiated by the Trustee

Rodney P. Frelinghuysen is neither consulted nor gives advise regarding these investments.

Spouse does receive quarterly statements regarding this trust.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
General Mills	D	DIV	
Phillip Morris Cos., Inc.	F	DIV	
Sara Lee Corp.	E	DIV	
Abbott Labs	E	DIV	
Merck & Co., Inc.	F	DIV	
Johnson & Johnson	E	DIV	
Warner Lambert	F	DIV	
AT & T Corp.	E	DIV	
Lucent Technologies	E	DIV	
Bell South Corp.	F	DIV	
American Int'l Group	F	DIV	
J.P. Morgan & Co.	E	DIV	
Electronic Data Systems Corp.	E	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Reuters Group PLC ADR (Formerly, Reuters Holdings PLC ADR)	A	DIV	
Emerson Electric	E	DIV	
General Electric Co.	F	DIV	
Parker - Hannifin Corp.	E	DIV	
Hewlett - Packard	E	DIV	
Intel Corp.	F	DIV	
Microsoft Corp.	G	DIV	
Motorola, Inc.	E	DIV	
Exxon Corp.	F	DIV	
Royal Dutch Petroleum	F	DIV	
Federal Nat'l Mortgage Assn.	E	DIV	
Pfizer, Inc.	F	DIV	
First Data Corp.	D	DIV	

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET

HOLDINGS	YEAR-END VALUATION	INCOME TYPE	1998 TRANSACTION
Montclair NJ Gen. Oblig.	E	INT	
Newark NJ Sch. Qualified Bond	E	INT	
Cisco Systems, Inc.	F	DIV	
L. M. Ericsson Tel. CL'B'	D	DIV	
Scudder Tax Free Money Market	E	INT	P
1998 Income Received		VIII	

SCHEDULE IV — TRANSACTIONS

Name Rodney P. Frelinghuysen

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	See Continuation Sheets														
	Pages 26 thru 32														

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Qtrly. Div. Re-Invest.	Pall Corporation	P	B
Qtrly. Div. Re-Invest.	Procter & Gamble	P	C
Qtrly. Div. Re-Invest.	International Business Machines	P	B
Qtrly. Div. Re-Invest.	Eli Lilly & Co.	P	B
07/28/98	American Express	P	C
03/10/98	Federated U. S. Treasury	Redeemed	D
03/10/98	Federated U.S. Government	P	D
Various	Federated U.S. Government	P	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. P. Frelinghuysen Trust U/A
4/3/73 Banker's Trust Company, New York, NY
Trustee (discretionary income interest)*

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
Various	Banker's Trust Money Market Acct.	S	D

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ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : B. S. Procter Trust U/A
5/31/60 F/B/O Rodney P. Frelinghuysen
Peter Frelinghuysen & Rodney P. Frelinghuysen, Trustees

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
06/30/98	IMS Health, Inc. - Rec'd as spin-off from Cognizant Corp. Cognizant Corp. cost basis reduced by value assigned IMS Health	Spin-off	B
07/01/98	Nielsen Medica Research, Inc. Formerly Cognizant Corp.	Name change	None
07/01/98	R.H. Donnelly Corp - Rec'd as spin-off from Dun & Bradstreet Corp. Cost basis reduced by value assigned R.H. Donnelly Corp.	Spin-off	Under $1,000
07/20/98	Procter & Gamble Co.	S	F
07/24/98	Procter & Gamble Co.	S	F

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
07/29/98	Corn Products Int'l	S	B
07/30/98	Motorola, Inc.	P	C
07/30/98	American Express Co.	P	D
08/04/98	Fluor Corp.	S	C
08/04/98	Tricon Global Restaurants	S	B
08/07/98	Motorola, Inc.	P	C
08/07/98	Morton Int'l, Inc.	P	C
08/07/98	McGraw Hill Cos., Inc.	P	C
09/04/98	Sherwin-Williams Co.	P	D
09/08/98	Associates First Capital 'A'	P	C

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
10/14/98	Southern New England Telecomm. Corp.	E	C
10/14/98	SBC Communications	E	C
10/30/98	Procter & Gamble Co.	S	D
11/24/98	Procter & Gamble Co.	S	D
12/03/98	Procter & Gamble Co.	S	C
12/04/98	Procter & Gamble Co.	S	D
Various	Money Market Acct	P	F

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : V. T. Robinson Trust U/A dated 4/10/80, Fiduciary Trust Company, Boston, Ma. Trustee (spouse discretionary income interest)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
02/17/98	U. S. Treasury Notes	Redeemed	C
06/24/98	First Data Corp.	S	C
07/01/98	Voorhees Twp. NJ Bd. of Ed.	Redeemed	C
12/23/98	Templeton Emerging Markets Fund	P	C
12/28/98	Morgan Stanley Emerging Market Funds	S	C
Various	Scudder Tax Free Money Market	P	B

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT

RODNEY P. FRELINGHUYSEN

CONTINUATION SHEET - SCHEDULE IV

Identity : H. S. Robinson Trust U/A dated 12/16/82, Fiduciary Trust Company, Boston, Ma. Trustee (Spouse discretionary income beneficiary)

DATE	ASSET	TYPE OF TRANSACTION	AMOUNT OF TRANSACTION
02/17/98	U.S. Treasury Notes	S	C
03/18/98	Banc One Corp. $3.50 Conv. Pfd C	E	D
03/18/98	Banc One Corp.	E	D
05/01/98	Randolph Twp. NJ Muni Bond	Redeemed	C
11/02/98	Florida State Bd. of Ed.	Redeemed	C
Various	Scudder Tax Free Money Market	P	C

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Advisory Board	El Primer, LTD. Morristown, New Jersey

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	N O N E	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

Rodney P. Frelinghuysen
335 James Street
Morristown, New Jersey

Regarding the holding CPC International, for purposes of correcting the 1997 Financial Disclosure, please note that CPC International was incorrectly listed as Corn Products International, Inc. The year-end valuation and income type were correct.

For purposes of the 1998 Financial Disclosure, please note CPC International, in a name change, became Bestfoods, Inc. Further, there was a spin-off of Corn Products International, Inc. from Bestfoods, Inc.

The Financial Disclosure for 1998 accurately reflects continued holding in Bestfoods, Inc. and the sale of Corn Products International.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

Martin Frost
(Full Name)

2256 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone
202-225-3605

(Office Use Only)

HAND DELIVERIES

MC

Filer Status	X Member of the U S House of Representatives	State TX District 24	☐ Officer or Employee	Employing Office	
Report Type	X Annual (May 15)		☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes ☐ No X

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes X No ☐

III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes X No ☐

IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes X No ☐

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes X No ☐

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes ☐ No X

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes X No ☐

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes X No ☐

IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes ☐ No X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes ☐ No X

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes ☐ No X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL Mt Frost

DATE (Month/Day/Year) 5/4/99

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Name Martin Frost	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
Temple Beth-El		Speech	4/3/98	$500.00

Name Martin Frost | Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Central & Southwest Stock	$50,001 - $100,000	Dividends	$2,501 - $5,000	
Eil Lily Stock	$100,001 - $250,000	Dividends	$1,001 - $2,500	
Exxon Stock	$100,001 - $250,000	Dividends	$2,501 - $5,000	
EDS Stock	$1,001 - $15,000	Dividends	$1 - $200	
Coca Cola Stock (IRA)	$15,001 - $50,000	Dividends	$1 - $200	
Treasury CATS (IRA)	$15,001 - $50,000	Dividends	$1 - $200	

Name Martin Frost | Page 2 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Wright Patman Credit Union CD's	$15,001 - $50,000	Interest	$201 - $1,000	
	Municipal Investment Trust Fund	$1,001 - $15,000	Dividends	$1 - $200	
	McDonald's Stock	$1,001 - $15,000	Dividends	$1 - $200	
	Walmart Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
	WMX Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	PFCU Savings Account	$15,001 - $50,000	Interest	$201 - $1,000	
SP	PFCU - IRA Account	$15,001 - $50,000	Interest	None	
SP	Peoples Federal Savings & Loan	$100,001 - $250,000	Interest	$2,501 - $5,000	
SP	AT&T Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Bell South Stock	$15,001 - $50,000	Dividends	$201 - $1,000	
SP	Lucent Technology Stock	$15,001 - $50,000	Dividends	$1 - $200	
SP	Daimler - Chrysler Stock	$1,001 - $15,000	Dividends	$1 - $200	
SP	NCR Stock	$1 - $1,000	Dividends	$1 - $200	
SP	Carolina Power & Light Stock	$15,001 - $50,000	Dividends	$1 - $200	
SP	Fidelity Blue Chip Mutural Fund	$50,001 - $100,000	Dividends/Capital Gains	$1,001 - $2,500	
SP	Fidelity Contra Fund Mutual Fund IRA	$50,001 - $100,000	Dividends/Capital Gains	$5,001 - $15,000	
SP	Fidelity Emerging Market Mutual Fund	$1,001 - $15,000	Dividends/Capital Gains	$1 - $200	
SP	Openheimer Convertible Bond Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	
SP	Sudder Global Mutual Fund	$1,001 - $15,000	Dividends/Capital Gains	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

SP	USAA Income Stock Fund	$50,001 - $100,000	Dividends/Capital Gains	$201 - $1,000	
SP	U. S. Savings Bond	$15,001 - $50,000	Interest	$1 - $200	
SP	First Financial Holding	$1,001 - $15,000	Interest	$1 - $200	
SP	Leesburg Virginia Utility Bond	$1,001 - $15,000	Dividends	$1 - $200	
SP	First Citizens Bank - IRA	$1,001 - $15,000	Interest	$1 - $200	
SP	American Express IDS Growth Fund	$15,001 - $50,000	Dividends/Interest	$201 - $1,000	
SP	Columbus Life Insurance Life Account	$50,001 - $100,000	Interest	$201 - $1,000	
SP	Richmond Virginia Public Employment Bond	$15,001 - $50,000	Dividends	$1 - $200	
SP	First Penn Pacific Life Insurance	$15,001 - $50,000	None	None	
SP	Fidelity Investment Equity Income Fund	$15,001 - $50,000	Dividends/Capital Gains	$201 - $1,000	
SP	Franklin Utilities Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	
SP	General 1 Electric Stock	$15,001 - $50,000	Dividneds	$1 - $200	
SP	MFS Total Return Fund	$1,001 - $15,000	Dividends/Capital Gains	$201 - $1,000	
SP	Ransom Unit Investment Trust	$1,001 - $15,000	None	$1 - $200	
SP	Texaco Stock	$1,001 - $15,000	Rent	$1 - $200	
DC	McDonalds Stock	$15,001 - $50,000	Dividends	$1 - $200	
DC	Coca Cola Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Walmart Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Walt Disney Stock	$1,001 - $15,000	Dividends	$1 - $200	

Name Martin Frost | Page 4 of 4

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	AT&T Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Bristol Myers Squibb Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Texaco Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Bond, MD. ST. Health & Higher Educ.	$1,001 - $15,000	Interest	$1 - $200	
DC	Bond, Austin, TX, ISD	$1,001 - $15,000	Interest	$1 - $200	
DC	General Electric Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Lucent Techonolgies Stock	$1,001 - $15,000	Dividends	$1 - $200	
DC	Treasury CATS	$1,001 - $15,000	Interest	$201 - $1,000	
SP	3810 Vermont Court, Alexandria, VA 22304	$100,001 - $250,000	Rent	$15,001 - $50,000	
SP	1/3 interest in 70 acres of cleared/cut pines, Latta, SC	$50,001 - $100,000	Rent	$1 - $200	
SP	1/4 interest in 100 acres of woodland - Latta, SC	$15,001 - $50,000	None	None	
SP	1/4 interest in sale of residence, 213 Walnut St. Latta, SC	$15,001 - $50,000	Capital Gains	$15,001 - $50,000	
SP	AAFES Federal Credit Union	$15,001 - $50,000	Interest	$1,001 - $2,500	
SP	Carolina Community Bank	$15,001 - $50,000	Interest	$2,501 - $5,000	
SP	Pentagon Federal Credit Union (PFCU) Checking Account	$1,001 - $15,000	None	None	

Name Martin Frost | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Houston Industries Stock	Sold	1/28/98	$15,001 - $50,000
	Viacom Stock	Sold	12/2/98	$15,001 - $50,000
DC	Sara Lee Stock	Sold	5/26/98	$1,001 - $15,000
DC	Public Service of NM Stock	Sold	6/8/98	$1,001 - $15,000
DC	CBS Stock	Sold	11/5/98	$1,001 - $15,000
DC	Treasury CATS	Sold	5/15/98	$1,001 - $15,000
DC	Teasury CATS	Sold	12/15/98	$1,001 - $15,000

Name Martin Frost	Page ___1 of ___1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Northwest Mortgage	Mortgage on Rental Property, VA	$100,001 - $250,000

Name Martin Frost	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce Mega Corporation	Mar.2 Aug.6-13	Wash., D.C.-Chicago-Wash., D.C. Wash., D.C.-Los Angeles-Cleveland	N Y	N Y	N Y	N 4 Days
American Bankers Association	02/14-02/15/98	DCA/Miami/DFW	N	N	N	2 days

Name Martin Frost	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Advisory Board Member	Isaac Mayer Wise Academy
Board Member	National Jewish Democratic Committee
Board Member	World Craniofacial Foundation

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 APR 19 PM 4:38

Elton Gallegly
(Full Name)

P. O. Box 940001
(Mailing Address)

Daytime Telephone

Simi Valley, CA 93094-0001 805-522-4487

(6)

MC APR - 8 1999
(Office Use Only)

Filer Status	[X] Member of the U S House of Representatives	State CA District 23rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XXX]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XXX]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XXX]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XXX]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XXX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XXX]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XXX]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XXX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XXX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XXX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XXX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year) 4/16/99

1376

Name	Elton Gallegly	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Elton Gallegly | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B												Block C							Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X										X								P
	Examples Simon & Schuster			Indefinite																Royalties									X			
	Examples JT 1st Bank of Paducah, KY accounts						X									X										X						
JT	1791 Erringer Road Simi Valley, CA							X							X												X					
JT	1353 Agnew Street Simi Valley, CA						X								X											X						
JT	1772 Sinaloa Road, 189 Simi Valley, CA					X									X											X						P
SP	Dynamic Realty			X																	N/A											
JT	First Western Bank				X											X							X									
JT	Peoples Bank						X									X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Keough-Wells Fargo			X																	N/A											
	IRA - Resources Trust RTC Cash Account			X																	N/A											
	IRA - Resources Trust Ventura Pacific Cap.			X																	N/A											
	IRA - Resources Trust Rincon Pacific Mgmt					X															N/A											
	IRA - Resources Trust Meridian Ind. Trust				X																N/A											
SP	Fortis Global Growth/IRA			X																	N/A											
SP	IRA/DLJSC - Amgen				X																N/A											
SP	IRA/DLJSC - CocaCola			X																	N/A											
JT	Midland Property Ltd. Ptr XXIII who owns affordable housing at Central Ave. & Ventura Ct., Center, Colorado and who owns senior housing at 1615 "O" St Sacramento, CA 95814				X											X					X											

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SCHEDULE IV — TRANSACTIONS

Name Elton Gallegly

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	1772 Sinaloa Road, #189 Simi Valley, CA 93065	X			2-27-98			X							

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Mrs. Melissa Steinberg 16065 Pinnacle Rd. Chino Hills, CA	Mortgage 1791 Erringer Simi Valley, CA				X						
JT	GMAC Mortgage P. O. Box 780, Waterloo, IA 50704	Mortgage 1353 Agnew St. Simi Valley, CA				X						
JT	Liberty Lending Services, Inc. P. O. Box 5312, Cincinnati, OH 45201	Mortgage 1772 Sinaloa Rd Simi Valley, CA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 11 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

John Gregory Ganske MD
(Full Name)

5206 Waterbury Rd, Des Moines, Iowa 50312
(Mailing Address)

Daytime Telephone: 515 277-4886

Filer Status	[X] Member of the U.S. House of Representatives — State: ____ District: ____	[ ] Officer or Employee	Employing Office: ____
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date: ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Greg Ganske

DATE (Month/Day/Year): 4/26/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Corrine GANSKE, MD., medical practice, Irma Health Systems	Salary, spouse	N.A.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
none			

This page may be copied if more space is required.

Name John Gregory GANSKE | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1,001 - $15,000	C $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
SP	Example: Mega Corp Stock				X								X																		P
DC	Example: Simon & Schuster			Indefinite											X	X			Royalties								X				
JT	Example: 1st Bank of Paducah, KY accounts																														
	R. Joe Company					X							X									X			X						
	Central Fund CDA LTD					X							X												X						
	IRA Vanguard Windsor Fund				X								X			X								X							
	IRA Vanguard Index-500					X							X			X								X							
	Keogh - Jones Twenty Fund						X						X			X								X							
	Keogh - Mutual Shares Fund					X							X			X								X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Gregory Ganske

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1.00 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fidelity Growth Fund							X						X			X								X							
	Dreyfus Gen. Govt							X								X										X						
	Keogh Vanguard Windsor II						X							X		X										X						
	Keogh - Schwab S&P 500						X							X		X																
	Keogh - Schwab Govt Money							X								X										X						
	Farmland, 151 acre Iowa							X													X											
	Checking account		X													X								X								
	Fareway Store Stock		X											X										X								
	Pfizer						X							X		X								X								
SP	Keogh - Schwab						X							X			X									X						
SP	IRA - Fidelity						X							X			X									X						
SP	IRA - Vanguard Windsor						X							X			X						X									
SP	TSA - Equivest				X									X			X									X						
SP	Savings - Norwest		X													X								X								
SP	Checking - Norwest		X																		X											
DC	Trust - Norwest							X						X		X												X				
SP	Norwest Brokerage						X							X			X															

This page may be copied if more space is required.

Name John Gregory Ganske | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Fidelity Overseas		X		1/14/98			X							
	Fidelity Growth		X		1/14/98		X								
	Vanguard S&P 500 Index		X		1/12/98		X								
	Pfizer	X			5/7/98				X						
	Mutual Shares – Keogh		X		1/9/98		X								
	James Trowity – Keogh		X		1/9/98		X								
	Schwab S&P 500 – Keogh	X			11/24/98			X							
	Money Market Fund	X			1/14/98			X							
	Money Market Fund	X			1/14/98		X								
	Money Market Fund	X			1/12/98		X								
	Money Market Fund		X		5/7/98				X						
	Schwab Govt Money Fund	X			1/9/98		X								
	" " " "	X			"		X								
	" " " "		X		11/24/98			X							

This page may be copied if more space is required.

Name John Gregory Ganske | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,000 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Banker's Trust	personally guaranteed People for Ganske		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
none		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	none						

This page may be copied if more space is required.

Name	John Gregory GANSKE	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
none	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	none	

GPO: 1989 95-195 (rev)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 19 PM 4:48

INSIDE MAIL
(Office Use Only)

Samuel Gejdenson
(Full Name)

1401 Longworth House Office Building
(Mailing Address)

Daytime Telephone
Washington, DC 20515 1-860-823-8212

Filer Status: [X] Member of the U.S. House of Representatives — State ____ District ____ [ ] Officer or Employee — Employing Office ____

Report Type: [X] Annual (May 17) [ ] Amendment [ ] Termination — Termination Date ____

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [X]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X] No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature] DATE (Month/Day/Year): 5/18/99

1391

Name	Samuel Gejdenson	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Joseph Cohn and Son, Inc	Spouse Benefits	NA
	United Illuminating	Spouse Director's Fee	NA
	Birmingham Utilities	Spouse Salary	NA
	Aristotle Corporation	Spouse Director's Fee	NA
	Citizens Bank	Spouse Director's Fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Samuel Gejdenson	Page 1 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
None			

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Name Samuel Gejdenson | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,001	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock	SP					X								X																		P
DC, JT	*Examples:* Simon & Schuster				Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts							X									X									X							
	110 3rd ST, NE Washington (basement apt. rented)								X							X						X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel Gejdenson

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	None																															

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SCHEDULE IV — TRANSACTIONS

Name Samuel Gejdenson | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-98		X								
	None															

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Eastern Savings & Loan, Norwich CT	Line of Credit Comm Gejdenson Re-election			X							
	Mellon Mortgage Co.	Mortgage on 110 3rd St NE Washington, DC			X							
	Wright Patman Cong Fed Credit Union	Credit overdraft		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

This page may be copied if more space is required.

Name Samuel Gejdenson	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 PM 4:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

GEORGE W GEKAS (Full Name)

732 SOUTH 25TH STREET (Mailing Address)

HARRISBURG, PA 17111

Daytime Telephone 202-225-4315

Filer Status	[X] Member of the U S House of Representatives	State PA District 17TH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C. app 4, §104 and 18 U S C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/12/99

1400

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$0,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	GORDON D MYERS, MD	SPOUSE SALARY	NA
	COMMONWEALTH OF PENNSYLVANIA STATE EMPLOYEES'	LEGISLATIVE PENSION	15,884

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B											Block C								Block D											Block E
		A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	SP Mega Corp. Stock				X									X										X								P
	Examples: Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY account						X									X									X							
	First Nat'l Bank of Maryland Baltimore, MD (IRA)				X											X									X							P
SP	Pandemon Securities (IRA) New York, NY (see Exhibit A)						X							X			X							NA - IRA							P, S
SP	Diversified Investment Advisors, Purchase NY (IRA)			X												X								NA - IRA							
	Congressional Federal Credit Union, Washington, DC		X													X						X										
	First Nat'l Bank of Maryland Baltimore, MD				X											X							X									
	MID Penn Bank Milleesburg, PA					X										X									X							

For additional assets and unearned income, use next page.

(1) Formerly Dauphin Deposit Bank, Harrisburg, PA

SCHEDULE III — ASSETS AND UNEARNED

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	HARRIS SAVING ASSOCIATION HARRISBURG PA					X										X									X							
	US SAVINGS BONDS "EE						X									X									X							S
	INVESCO FUNDS GROUP INC DENVER, CO				X									X			X					X										
JT	FNC BANK CAMP HILL PA				X											X						X										
	MERIDIAN BANK READING PA			X												X						X										
(1) SP	FIRST NATL BANK OF MARYLAND BALTIMORE, MD				X											X						X										
SP	US Savings Bonds "E"				X											X					X											
SP	1st BANK STREET HARRISBURG, PA					X								X												X						
SP	INTEREST IN ESTATE OF LOUIS CHARLES (See Schedule B)						X													NONE	X											
SP	Commerce Bank Camp Hill, PA		X													X						X										

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(1) Formerly Dauphin Deposit Bank, Harrisburg PA

SCHEDULE IV — TRANSACTIONS

Name George W Gekas

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	First Nat'l Bank of Maryland (IRA)	X			4.15.98	X									
SP	Prudential Securities (IRA)														
	AIM Equity Funds, Inc. Charter Fund	X			12.31.98	X									
	Phoenix Balanced Funds	X			12.31.98	X									
	Prudential Multi Sector Fund: Class A	X			12.31.98	X									
	Prudential Multi Sector Fund Class A		X		6.29.98		X								
	Prudential Jennison Growth Fund Inc	X			6.29.98		X								
	US Savings Bonds EE		X		12.16.98	X									
	US Savings Bonds "EE"		X		6.8.98	X									
	US Savings Bonds "EE"		X		8.12.98	X									

This page may be copied if more space is required.

Name George W Geens | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Dauphin National Bank, Harrisburg, PA	Blanket mortgage on: 722 S. 25th St., Hbg PA										
	}	313 S 31st St., Hbg PA 124 Boas St., Hbg, PA			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

GEORGE W. GEKAS
FINANCIAL DISCLOSURE STATEMENT: 1998

Exhibit A

Schedule III - Assets
Prudential Securities - Spouse - IRA

Assets related to the IRA account on December 31, 1998:

	Value
AIM Equity Funds, Inc. - Charter Fund	$100,001- $200,000
AIM Equity Funds, Inc. - Constellation Fund	$ 15,001- $50,000
Phoenix Balanced Fund	$ 15,001- $50,000
Prudential Jennison Growth Fund, Inc. - Class A	$ 15,001- $50,000
Prudential Moneymart Assets Fund (Cash)	$ 1,001- $15,000

Exhibit B

Schedule III - Assets
Interest in Estate of Louis Charas- Assets within the Estate

	Value
732 S. 25th Street, Harrisburg, Pa - House	$50,001- $100,000
313 S. 31st Street, Harrisburg, Pa - House	$50,001- $100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 1:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Richard A. Gephardt
(Full Name)

H-204 The Capitol
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
(202) 225-0100

Filer Status	[X] Member of the U.S. House of Representatives	State: MO District: 03	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard A. Gephardt

DATE (Month/Day/Year) May 17, 1999

Name	Page
Richard A. Gephardt	2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Northern Virginia Medical Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard A. Gephardt

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A: Asset and/or Income Source	B-A: None	B-B: $1 – $1,000	B-C: $1,001 – $15,000	B: $15,001 – $50,000	B-E: $50,001 – $100,000	B-F: $100,001 – $250,000	B-G: $250,001 – $500,000	B-H: $500,001 – $1,000,000	B-I: $1,000,001 – $5,000,000	B-J: $5,000,001 – $25,000,000	B-K: $25,000,001 – $50,000,000	B-L: Over $50,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	C: Other Type of Income (Specify For Example Partnership Income or Farm Income)	D-I: None	D-II: $1 – $200	D-III: $201 – $1,000	D-IV: $1,001 – $2,500	D-V: $2,501 – $5,000	D-VI: $5,001 – $15,000	D-VII: $15,001 – $50,000	D-VIII: $50,001 – $100,000	D-IX: $100,001 – $1,000,000	D-X: $1,000,001 – $5,000,000	D-XI: Over $5,000,000	E: P, S, E
SP, DC, JT — Examples: SP	Mega Corp. Stock					X								X										X								P
	Simon & Schuster		Indefinite																	Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Vanguard Growth and Income Fund			X										X									X									P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Richard A. Gephardt

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Moga Corporation Common Stock	X			10-12-98		X								
	Vanguard Growth and Income Fund	X			9-15-98	X									

This page may be copied if more space is required.

Name	Page
Richard A. Gephardt	5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	*First Bank of Wilmington, Delaware*	*Mortgage on 123 Main St., Dover, Del.*				X						
JT	Northwestern University	Student Loan		X								
JT	First Tennessee Bank	Student Loan			X							
JT	General American Life Ins. Co.	Loan on Life Ins. Policy		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example *Mr. Joseph H. Smith, Anytown, Anystate*	*Silver Platter (determination on personal friendship received from Committee on Standards)*	*$270*

Use additional sheets if more space is required.

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash. D.C.–Chicago–Wash. D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	United Auto Workers	02/09/98	Charlottesville, VA-Wash., DC-Charlottesville	N	N	N	N
	Illinois Trial Lawyers	06/12/98	Wash., DC-Chicago, IL	N	N	N	N
	Longshoremen Int'l. Union	11/13/98	Washington, DC-New York, New York-Washington, DC	N	N	N	N

This page may be copied if more space is required.

Name	Richard A. Cephardt	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Name of Organization
Institute Board	Public Policy School, Duke University (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 12 PM 5:09
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

JAMES ARTHUR GIBBONS
(Full Name)

(Mailing Address)

775-851-4266
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: Nevada District: 3	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL James Arthur Gibbons

DATE (Month/Day/Year) 5/10/99

1414

Name Jim Gibbons | Page 1 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Dewnig Syndicate, Inc.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Jim Gibbons

Page 2 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp. Stock					X								X										X							P
	Simon & Schuster		Indefinite																	Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
JT	US Bancorp			X												X							X								
	US Bank IRA						X																N/A								
SP	US Bank IRA					X																	N/A								
	Delta Family Care Savings					X																	N/A								
	3 vacant lots, Washoe County, NV						X														X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Gibbons

Page 3 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Dean Witter (variable annuity)				X									X			X				X											
	US Bank of NV			X												X						X										
DC	US Bank of NV			X												X						X										
DC	Dean-Witter Investments,																															
	Coca Cola Stock			X										X								X										
	Digital Equip. Preferred Stock			X										X								X										
	Intel Corp. Stock			X										X								X										
	US Treasury Zero-Coupon Bonds				X											X								X								
DC	Dean-Witter Holdings,																															
	European Growth Fund			X										X			X							X								
	Global Dividend Growth			X										X			X						X									
	American Value Fund			X										X			X						X									
	Dividend Growth Fund				X									X			X							X								
DC	State Farm-Universal				X																X											
	Life policies (Policies																															
	in irrevocable trust to																															
	benefit dependent child)																															
	Delta Pension					X															N/A NOT SELF DIRECTED											

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SCHEDULE IV — TRANSACTIONS

Name Jim Gibbons | Page 4 of 6

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10–12–98		X								
JT	Purchase of tax deferred annuity of $1,000 per month with Dean Witter	X			Monthly Jan-Sept 1998	X									

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Name Jim Gibbons | Page 5 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	May 23-29	Wash DC-Tel Aviv-Reno, NV	Y	Y	Y	N

This page may be copied if more space is required.

Name Jim Gibbons	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
1-1-98	Delta Pension Benefits	Monthly withdrawal of $ 504.00
1-1-98	Travelers Pension (Delta)	Monthly withdrawal of $ 161.93

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 12 AM 10: 16

Wayne T. Gilchrest
(Full Name)

13501 Turners Creek Road, Kennedyville, Md., 21645 410-348-2018
(Mailing Address) (Daytime Telephone)

MC INSIDE MAIL
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Wayne T. Gilchrest

DATE (Month/Day/Year) May 11, 1999

1421

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Wayne T. Gilchrest

Page 2 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples* SP Mega Corp Stock					X								X																	P
	Simon & Schuster		Indefinite																	Royalties											
	1st Bank of Paducah, KY accounts						X									X															
JT	Peoples Bancorp -																														
	Savings			X												X							X								
SP	Peoples Bancorp -																														
	Savings			X												X							X								
JT	Morgan Stanley Dean																														
	Witter - Money Market			X												X							X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne T. Gilchrest

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	INHERITED LISTED SECURITIES																															
JT	AT & T			X										X																		
JT	Bell Atlantic				X									X																		
JT	CBS Corp			X										X																		
JT	Consumers Financial			X										X																		
JT	Dominion Resources			X										X																		
JT	General Motors			X										X																		
JT	GTE			X										X																		
JT	Lucent Technologies			X										X																		
JT	NCR Corporation		X											X																		
JT	Nuveen Mun. Value Fund			X										X																		
JT	Potomac Electric			X										X																		
JT	Raytheon Company		X											X																		
JT	SBC Communications			X										X																		
JT	Wash Gas Light Co			X										X																		
JT	Alliance Services			X										X										X								

All listed securities are held in street name by Morgan Stanley Dean Witter & Co. All dividends are paid to them. Morgan Stanley filed a dividend 1099 for the Gilchrests in 1998 in the range of 2,501-5,000.

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SCHEDULE IV — TRANSACTIONS

Name Wayne T. Gilchrest

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	Delmarva Power & Light Common Stock		X		02/10/98		X								
SP	Interest in inherited rental property		X		10/27/98			X							

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

Note: In January 1998, under the sponsorship of the U S Coast Guard, I participated in an investigatory trip to Antarctica.

In December 1998, under the sponsorship of the U S State Department, I participated in the U S delegation to the International Maritime Organization meeting in London.

It is my understanding that the details of these travel related expenditures paid by governmental agencies are excludable.

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WAYNE T. GILCHREST
1st District, Maryland

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
CHAIRMAN, COAST GUARD AND MARITIME TRANSPORTATION
WATER RESOURCES

COMMITTEE ON RESOURCES
FISHERIES CONSERVATION, WILDLIFE AND OCEANS
FORESTS AND FOREST HEALTH

99 MAY 27 9:35

HAND DELIVERED

Congress of the United States
House of Representatives

2245 RAYBURN BUILDING
WASHINGTON, DC 20515
PHONE (202) 225-5311
FAX (202) 225-0254

44 CALVERT ST., SUITE 320
ANNAPOLIS, MD 21401
PHONE (410) 263-6321
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315 HIGH STREET, SUITE 105
CHESTERTOWN, MD 21620
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FAX (410) 778-9560

ONE PLAZA EAST
SALISBURY, MD 21801
PHONE (410) 749-3184
FAX (410) 749-9458

Clerk, US House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

MC

To Whom It May Concern:

Please consider the enclosed document as an amendment to my recently submitted Financial Disclosure Statement.

In the letter of May 18th from the Committee on Standards of Official Conduct, additional information was requested on two issues:

First, an explanation of a mutual fund asset held under the name "Alliance Services" was requested. This asset was previously held under the name "World Wide Privatization Mutual Fund", and has changed in name only as a result of a corporate name change - no transaction took place.

Second, specific income values were requested for the individual stocks which are held in a Morgan Stanley Dean Witter account are now reflected in the amended report.

Please feel free to contact me should you require additional information.

Sincerely,

Wayne T. Gilchrest

Wayne T. Gilchrest

cc:

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 27 AM 9:36
CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

WAYNE T. GILCHREST
(Full Name)

13501 TURNERS CREEK RD, KENNEDYVILLE, MD 21645
(Mailing Address)

Daytime Telephone: 202-225-5311

Filer Status	[X] Member of the U.S. House of Representatives	State: MARYLAND District: 01	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 17)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Wayne T. Gilchrest

DATE (Month/Day/Year) May 26, 1999

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Wayne T. Gilchrest

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

Block A: Asset and/or Income Source			Block B: Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	Block C: Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify. For Example, Partnership Income or Farm Income))	Block D: Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	Block E: Transaction (P, S, E)
SP, DC, JT	SP	Mega Corp. Stock	X	DIVIDENDS: X	III	P
Examples		Simon & Schuster	Indefinite	Royalties		
		1st Bank of Paducah, KY accounts	X	INTEREST: X		
JT		Peoples Bancorp - Savings	X	INTEREST: X	III	
SP		Peoples Bancorp - Savings	X	INTEREST: X	III	
JT		Morgan Stanley Dean Witter - Money Market	X	INTEREST: X	III	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page ___ of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	INHERITED LISTED SECURITIES													X																		
JT	AT+T			X										X									X									
JT	BELL ATLANTIC				X									X											X							
JT	CBS CORP			X										X									X									
JT	CONSUMERS FINANCIAL			X										X											X							
JT	DOMINION RESOURCES			X										X									X									
JT	GENERAL MOTORS			X										X										X								
JT	GTE			X										X										X								
JT	LUCENT TECHNOLOGIES			X										X									X									
JT	NCR CORP.		X											X									X									
JT	NUVEEN MUN. VALUE FUND			X										X									X									
JT	POTOMAC ELECTRIC			X										X										X								
JT	RAYTHEON COMPANY		X											X										X								
JT	SBC COMMUNICATIONS			X										X									X									
JT	WASH GAS LIGHT CO.			X										X									X									
	ALLIANCE SERVICES MUTUAL FUND (FORMERLY WORLD WIDE PRIVATIZATION FUND)																															

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58-073

SCHEDULE IV — TRANSACTIONS

Name Wayne T. Gilchrest

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10–12–98		X								
JT	Delmarva Power & Light Common Stock			X		02/10/98		X								
SP	Interest in inherited rental property			X		10/27/98			X							

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

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FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Benjamin A. Gilman
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3776

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 20	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) May 13, 1999

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Name Benjamin A. Gilman | Page 2 of 9

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Pension	Retirement	$11,616.84

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1998 Aug. 13, 1998	$2,000 $ 500
K-Mart Corporation	Kids Race Against Drugs Lawn Mower Race	Sept 16, 1998	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reportin year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
First Federal Savings Bank, Middletown, New York	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
Congressional Federal Credit Union, Washington, DC	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
16 Orchard St., Middletown, New York COMMERCIAL/HALF RESIDENTIAL	$15,001 - $50,000	Rental	$2,501 - $5,000	NA
Northwestern Mutual Life, Milwaukee, WI	$1,001 - $15,000	Annuity	$1,001 - $2,500	NA

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SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	Congressional Federal Credit Union, Washington, DC IRA ACCOUNT	$15,001 - $50,000	Distribution	$1,001 - $2,500	NA
	Bank of the Hudson, Goshen, New York	None	Interest	$1,001 - $2,500	NA
	Dow Target	$1,001 - $15,000	Dividends	$1 - $200	P
	Pilgrim Funds	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
SP	Central Hudson Gas & Electric	$1,001 - $15,000	Dividend	$201 - $1,000	NA
SP	MCI Telecommunications	$15,001 - $50,000	Dividend	$1 - $200	NA
SP	Prudential Insurance Co., Minneapolis, MN	$15,001 - $50,000	Distribution	$15,001 - $50,000	Redeemed life insurance policy
SP	Sale of Business to John Daskalis/DBA Middletown Coney Island Food Service Management, Middletown, NY	$250,001 - $500,000	Interest/Capital Gain	$15,001 - $50,000	NA
SP	Condo-Island Club, 10410 So. Ocean, Jensen Beach, Fl.	$100,001 - $250,000	Rental	$5,001 - $15,000	NA
SP	Coney Island Food Service Mgmt., Middletown, NY	$1 - $1,000	Self-employment	$5,001 - $15,000	NA
SP	Orange County Trust, Middletown, NY	$1,001 - $15,000	Interest	$201 - $1,000	NA

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Dow Target	Purchase	12/9/98	$1,001 - $15,000
	Pilgrim Funds	Purchase	9/25/98	$15,001 - $50,000

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor *Example* First Bank of Wilmington, Delaware	Type of Liability Mortgage on 123 Main St, Dover, Del	Amount of Liability $100,001 - $250,000
SP	Orange County Trust, Middletown, NY	Mortgage on 14 Railroad Avenue, Middletown, NY Part of the sale of Business (See schedule III)	$100,001 - $250,000

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Name Benjamin A. Gilman | Page 8 of 9

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
United Hellenic American Congress	11/14-11/15	West Palm, Fl - Chicago-Wash, DC	Y	N	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	World Hunger Year

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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Benjamin A. Gilman
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

Washington DC 20515
Daytime Telephone: 202 225 3776

Filer Status	[X] Member of the U.S. House of Representatives	State NY District 20	[ ] Officer or Employee	Employing Office	
Report Type	[ ] Annual (May 15)	[X] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 6/9/99

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SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Pension	Retirement	$11,616.84
	Coney Island Food Service Mgmt., Middletown, New York	Self-employment	$5,615.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Benjamin A Gilman | Page 31 of 91

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C XYZ Magazine	Speech Article	Feb. 2, 1998 Aug. 13, 1998	$2,000 $ 500
	K-Mart Corporation	Kids Race Against Drugs Lawn Mower Race	Sept 16, 1998	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reportin year **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None"	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP Mega Corp Stock JT 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
First Federal Savings Bank, Middletown, New York	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
Congressional Federal Credit Union, Washington, DC	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
16 Orchard St., Middletown, New York COMMERCIAL/HALF RESIDENTIAL	$15,001 - $50,000	Rental	$2,501 - $5,000	NA
Northwestern Mutual Life, Milwaukee, WI	$1,001 - $15,000	Annuity	$1,001 - $2,500	NA

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

	Congressional Federal Credit Union, Washington, DC IRA ACCOUNT	$15,001 - $50,000	Distribution	$1,001 - $2,500	NA
	Bank of the Hudson, Goshen, New York	None	Interest	$1,001 - $2,500	NA
	Dow Target	$1,001 - $15,000	Dividends	$1 - $200	P
	Pilgrim Funds	$15,001 - $50,000	Capital Gains	$201 - $1,000	P
SP	Central Hudson Gas & Electric	$1,001 - $15,000	Dividend	$201 - $1,000	NA
SP	MCI Telecommunications	$15,001 - $50,000	Dividend	$1 - $200	NA
SP	Sale of Business to John Daskalis/DBA Middletown Coney Island Food Service Management, Middletown, NY	$250,001 - $500,000	Installment Payments from Sale	$15,001 - $50,000	NA
SP	Condo-Island Club, 10410 So. Ocean, Jensen Beach, Fl.	$100,001 - $250,000	Rental	$5,001 - $15,000	NA
SP	Orange County Trust, Middletown, NY	$1,001 - $15,000	Interest	$201 - $1,000	NA

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is noted out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Dow Target	Purchase	12/9/98	$1,001 - $15,000
	Pilgrim Funds	Purchase	9/25/98	$15,001 - $50,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
SP	Orange County Trust, Middletown, NY	Mortgage on 14 Railroad Avenue, Middletown, NY Part of the sale of Business (See schedule III)	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
	United Hellenic American Congress	11/14-11/15	West Palm, Fl - Chicago-Wash, DC	Y	N	Y	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Member, Board of Directors	World Hunger Year

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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(2)

Benjamin A. Gilman
(Full Name)

2449 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202 225 3776

Filer Status	[ ] Member of the U S House of Representatives	State: NY District: 20	[ ] Officer or Employee	Employing Office:
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	X	
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule I**	X	
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?		X
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?		X

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 6/15/99

1449

SCHEDULE I - EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	New York State Pension	Retirement	$11,616.84
	Coney Island Food Service Mgmt., Middletown, New York	Spousal self-employment	$5,615.00

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

CHARLES A. GONZALEZ
(Full Name)

151 E. LULLWOOD AVE.
(Mailing Address)

SAN ANTONIO, TEXAS 78212

Daytime Telephone (202)225-3236

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Charles A. Gonzalez

DATE (Month/Day/Year): May 11, 1999

1451

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	CRPFTS. CALLAWAY & JEFFERSON, P.C.	SALARY	$97,167
	SAN ANTONIO EXPRESS NEWS	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II.

Name CHARLES A. GONZALEZ | Page 3 of 12

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CHARLES A. GONZALEZ

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Examples: Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X										X						
	STATE OF TEXAS				X											X									N/A							
	COUNTY OF BEXAR				X											X									N/A							
SP	RETIREMENT RESERVES - IRA																															
	MONEY MARKET FUND			X										X								X										
SP	VAN KAMP PACE - IRA																															
	MUTUAL FUND			X										X									X									

For additional assets and unearned income, use next page.

* MARRIED IN 1998.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	AIRTOUCH COMM STOCK	X															X								X						S
SP	ASSOC FIRST CAP STOCK	X															X							X							S
SP	AMER INTL GROUP STOCK	X															X							X							S
SP	LOCKHEED MARTIN STOCK	X															X						X								S
SP	BANK OF NEW YORK STOCK	X															X									X					S
SP	BELL ATLANTIC STOCK	X															X								X						S
SP	COMCAST CORP STOCK	X															X								X						S
SP	FORD MOTOR CO. STOCK	X															X									X					S
SP	GTE CORP STOCK	X															X							X							S
SP	GLAXO WELLCOME STOCK	X															X								X						S
SP	GENERAL ELECTRIC STOCK	X															X									X					S
SP	PARTNER RE LTD STOCK	X															X								X						S
SP	SBC COMMUNICATIONS STOCK	X															X								X						S
SP	SMITHLINE BEECHAM STOCK	X															X							X							S
SP	SONOCO STOCK	X															X							X							S
SP	TIME WARNER STOCK	X															X								X						S
SP	PEPSICO, INC. STOCK	X															X							X							S
SP	EEX CORP STOCK	X															X						X								S
SP	BILLING CONCEPTS CORP STOCK			X																	X										
SP	QWEST COMM INTL STOCK			X																	X										
SP	ML GLOBAL ALLOCATION MUTUAL FUND						X							X												X					
SP	CMA MONEY MARKET FUND							X						X												X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
SP	AIRTOUCH COMM COMMON STOCK			X																	X											
SP	ALLTEL CORP COMMON STOCK			X										X								X										
SP	ALUMINUM CO COMMON STOCK			X										X								X										P
SP	AMER HOME PRODUCTS COMMON STOCK			X										X								X										P
SP	AMER INTL GROUP COMMON STOCK			X										X								X										P
SP	AVATAR HOLDINGS COMMON STOCK			X																	X											
SP	BORG WARNER AUTO COMMON STOCK			X										X								X										
SP	BURLINGTON RESOURCES COMMON STOCK			X										X								X										P
SP	CANADIAN PACIFIC LTD COMMON STOCK			X										X								X										
SP	CENTL SOWEST CORP COMMON STOCK			X										X									X									P
SP	COMCAST CORP COMMON STOCK				X									X								X										
SP	COMPAQ COMPUTER COMMON STOCK			X										X								X										P
SP	DPL, INC. COMMON STOCK			X										X									X									P
SP	ENRON OIL & GAS COMMON STOCK			X										X								X										P
SP	FANNIE MAE(USA) COMMON STOCK			X										X								X										
SP	GTE CORP COMMON STOCK			X										X									X									
SP	GLAXO WELLCOME COMMON STOCK			X										X								X										
SP	GENERAL RE CORP COMMON STOCK			X										X								X										
SP	GENZYME CORP COMMON STOCK			X																	X											
SP	HEALTHPLAN SVCS COMMON STOCK			X										X								X										
SP	INTEL CORP COMMON STOCK				X									X								X										
SP	IBM COMMON STOCK				X									X								X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CHARLES A. GONZALEZ

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	MCI WORLDCOM STOCK			X																	X										P
SP	NOBLE AFFILIATES STOCK			X										X								X									
SP	PARTNER RE LTD STOCK			X										X									X								
SP	SMITHLINE BCHM STOCK			X										X								X									
SP	TIME WARNER STOCK			X										X								X									
SP	TENET HEALTHCARE STOCK			X																	X										
SP	TEXAS UTILITIES STOCK			X										X									X								
SP	UNION PACIFIC RES GRP STOCK			X										X								X									
SP	UNOCAL CORP STOCK			X										X								X									
SP	VORNADO REALTY TRUST STOCK			X										X								X									P
SP	VISHAY INTERTECH STOCK			X																	X										P
SP	WASHINGTON MUTUAL INC STOCK			X										X								X									P
SP	SONOCO PRODUCTS STOCK	X												X									X								
SP	NATIONSBANK CHECKING ACCT			X													X						X								

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SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	AIRTOUCH COMMUNICATIONS COMMON STOCK		X		6-26-98	X									
SP	ASSOC FIRST CAP COMMON STOCK		X		4-24 & 5-20-98	X									
SP	AMER INTL GROUP COMMON STOCK		X		6-26 & 8-10-98	X									
SP	BANK OF NY CO COMMON STOCK		X		1-6 & 5-20-98	X									
SP	BELL ATLANTIC COMMON STOCK		X		6-8-98	X									
SP	COMCAST CORP COMMON STOCK		X		1-15 & 6-26-98	X									
SP	FORD MOTOR CO COMMON STOCK		X		5-6-98	X									
SP	GTE CORP COMMON STOCK		X		6-26-98	X									
SP	GLAXO WELLCOME COMMON STOCK		X		2-10-98	X									
SP	GENERAL ELECTRIC COMMON STOCK		X		1-14-98	X									
SP	KOMAG INC. COMMON STOCK		X		6-3-98	X									
SP	LOCKHEED MARTIN COMMON STOCK		X		3-19-98	X									
SP	LAIDLAW INC. COMMON STOCK		X		9-10-98	X									
SP	PARTNER RE LTD COMMON STOCK		X		6-26-98	X									
SP	PEPSICO INC COMMON STOCK		X		1-9-98	X									
SP	SBC COMMUNICATIONS COMMON STOCK		X		3-3-98	X									

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SCHEDULE IV — TRANSACTIONS

Name CHARLES A. GONZALEZ

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	SMITHLINE BCHM COMMON STOCK		X		6-26-98	X									
SP	SONOCO PRODUCTS COMMON STOCK		X		6-17 & 12-1-98	X									
SP	TIME WARNER INC COMMON STOCK		X		1-16 & 6-15-98	X									
SP	UCAR INTERNATIONAL COMMON STOCK		X		9-15-98	X									
SP	ALLTEL CORP COMMON STOCK	X			3-18-98	X									
SP	ALUMINUM CO COMMON STOCK	X			4-3-98	X									
SP	AMERICAN HOME PRODUCTS COMMON STOCK	X			4-24-98	X									
SP	BURLINGTON RESOURCES COMMON STOCK	X			6-23-98	X									
SP	CENTL SOWEST CORP COMMON STOCK	X			1-28-98	X									
SP	COMPAQ COMPUTER COMMON STOCK	X			5-22-98	X									
SP	DPL INC COMMON STOCK	X			1-29-98	X									
SP	ENRON OIL & GAS COMMON STOCK	X			6-23-98	X									
SP	MCI WORLDCOM COMMON STOCK	X			5-5-98	X									
SP	VORNADO REALTY TRUST COMMON STOCK	X			4-16-98	X									
SP	VISHAY INTERTECHNOLOGY COMMON STOCK	X			2-9-98	X									
SP	WASHINGTON MUTUAL INC COMMON STOCK	X			6-12-98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	CAMINO REAL BANK	LOAN	X									
	FROST BANK	LOAN		X								
	1ST NATL BANK OF SOUTH TEXAS	LOAN		X								
	CLEAR LAKE BANK	LOAN			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

Name	CHARLES A. GONZALEZ	Page 12 of 12

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement
	NONE	

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 AM 10:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Virgil H. Goode, Jr.
(Full Name)

115 Orchard Avenue
(Mailing Address)

Rocky Mount, VA 24151

Daytime Telephone
540-483-5558

Filer Status	[X] Member of the U.S. House of Representatives	State ____ District ____	[ ] Officer or Employee	Employing Office ____
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date ____

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Virgil H. Goode, Jr.

DATE (Month/Day/Year): May 13, 1999

Name Virgil H. Goode	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Executor Fee - Ethics in phone call said it was fine since it was the estate of my mother - 2500 was gross-net was less	Executor Fee	2500.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Virgil H. Goode, Jr. | Page 1 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E
SP	Mega Corp. Stock					X								X																		
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X																
	2 acres with old office Rt. 2, Rocky Mount, VA				X												NONE															
	1/8 interest in house & lot, Rt. 1, Henry, VA			X													NONE															
	1/2 interest in 50 acres Rt. 3, Ferrum, VA 24088				X												NONE															
	lot and office 112 N. Main St. Rocky Mt, VA					X											NONE															
	1/2 interest-3 lots Kohler Rt. 1, Fieldale, VA 24089			X													NONE															
	1/2 interest with sister 28 acres, Rt. 1, Henry, VA			X													NONE															

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr. Page 2 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	1/2 interest in 200 acres in house and land, Rt. 1, Rocky Mount, VA (with sister)						X									X							X									
	1/2 interest with sister in 2 acres at Henry			X												X							X									
	1/2 interest with sister in 1.78 acres in BRD in Franklin County, VA			X													NONE															
	Combined checking, saving Crestar Bank, Rocky Mt., VA			X												X						X										
SP	Philip Morris Stock			X										X									X									
JT	Loudoun Co. Mun. Bond			X												X							X									
SP	Halifax Co. IDA Bond			X												X							X									
	Sun Trust Stock							X						X												X						
	Cardinal Stock				X									X									X									
	Capital One Stock						X							X									X									
	Peoples Bank Stock			X										X									X									
	Patrick Henry Bank Stock			X										X								X										
	Central Natl. Bank Stock	X															NONE															
	Shenandoah Natl. Bank Stock	X															NONE															
	Mountain National Bank Stock		X											X								X										
	Patriot Bank Stock			X										X								X										
	Vanguard Municipal Bond Fu				X											X								X								
	Tultex Stock	X															NONE															sold
	Comdial Stock			X													NONE															
	First Union Stock					X	X							X											X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Virgil H. Goode, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	Vanguard Municipal Bond Fund			X												X							X									
	Chase Manhatten Common Stock				X									X									X									
	Chase Manhatten Preferred Stock			X										X									X									called
	B. Perdue Notes, Roanoke, VA				X											X										X						
	Dominion Note (now First Union)			X												X							X									
	Beneficial Preferred (now Household)			X										X									X									
	Henry Co. Plywood Stock			X										X								X										
	ATT Stock		X											X								X										
	Lucent Technologies Stock		X											X								X										
	Homestake Stock			X										X								X										
	SBC Communications Stock			X										X								X										
SP	Newport News Mun. Bond			X												X							X									
	Mod-U-Kraf Homes Stock			X										X								X										
	Mainstreet Bank Stock				X									X									X									
	Franklin Co. Mun. Bond			X												X							X									
	Signet Banking Bond (now 1st Union)															X							X									
	Wheat First IRA			X												X						X										
SP	Crestar IRA			X												X						X										
	Congressional Fed. Credit Union			X												X							X									
	Trigon Stock			X												NO	NE															
	Chesapeake Bay Bond			X												X							X									
	Alice Goode Est.				X									X		X									X							inherited
	First VA Bank			X										X									X									inherited

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Virgil H. Goode, Jr.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	Tultex Common		X		2-9-98	less than $200.00									
	Chase Pfd	called			9-30-98	X									
	Alice Goode Estate (per K-1 form)		X		5-31-98	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 JUN -8 PM 1:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Virgil H. Goode, Jr.
(Full Name)

115 Orchard Ave.
Rocky Mount, VA 24151
(Mailing Address)

Daytime Telephone: 202-225-4711

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State: VA District: 5th	[ ] Officer or Employee — Employing Office	
Report Type	[ ] Annual (May 17)	[X] Amendment	[ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (see 5 U.S.C. app. 4, §104 and 18 U.S.C. [illegible]).

SIGNATURE OF REPORTING INDIVIDUAL: Virgil H. Goode, Jr.

DATE: June 7, 1999

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Amendment

Name Virgil H. Goode, JR

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	P, S, E
SP, DC, JT	Examples	SP			X									X							X								P
									X						X										X				
							X									X							X						
	Federal THRIFT SAVINGS PLAN				X									X		X	X							X					

This figure includes the Agency match

I forgot to include this when I filed in May 1999

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:46
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Robert W. Goodlatte
(Full Name)

3725 Dogwood Lane, SW
(Mailing Address)

(202)225-5431
Daytime Telephone

Roanoke, VA 24015

Filer Status	[X] Member of the U.S. House of Representatives — State: VA District: 6	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
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V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Bob Goodlatte

DATE (Month/Day/Year) 5/17/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Glenn, Feldman, Darby and Goodlatte, P.C., Roanoke, Virginia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Goodlatte, Robert W.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT	Examples	A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; I $1,000,001 – $5,000,000; J $5,000,001 – $25,000,000; K $25,000,001 – $50,000,000; L Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock	X	X (DIVIDENDS)	IV $1,001 – $2,500	P
DC	Simon & Schuster	Indefinite	Royalties	X $1,000,001 – $5,000,000	
JT	1st Bank of Paducah, KY accounts	X	X (INTEREST)	V $2,501 – $5,000	
JT	Wachovia Bank Roanoke, VA (savings)	X	X (INTEREST)	III $201 – $1,000	
JT	Nations Bank Roanoke, VA (savings)	X	X (INTEREST)	III $201 – $1,000	
JT	First Citizens Bank Roanoke, VA (sav.&chk.)	X	X (INTEREST)	IV $1,001 – $2,500	
	First Citizens Bank Roanoke, VA (savings)	X	X (INTEREST)	IV $1,001 – $2,500	
	Crestar Bank Roanoke, VA (IRA)	X	X (INTEREST)	III $201 – $1,000	
SP	Crestar Bank Roanoke, VA (IRA)	X	X (INTEREST)	III $201 – $1,000	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	GreenwoodTrustCo., DE			X											X							X										
	CharterFed.,Roan.,VA(IRA)			X											X							X										
	Conn.MutualLife(lifeins.)			X										X								X										
SP	Duff&PhelpsUtil.Inc.(401K)				X									X										X								
SP	GuardianParkAve.FD(401K)				X									X									X									
SP	HoustonIndustryWar.(401K)			X										X									X									S
SP	KrogerCo.Bonds(401K)			X												X							X									
SP	WalmartStoresNote(401K)			X												X							X									
SP	BondFundofAmerica(401K)				X									X										X								P
SP	NewPerspectiveFund(401K)				X									X									X									P
SP	NewYorkVentueFund(401K)				X									X							X											
SP	BankersTr.Mkt.Linked(401k)				X											X					X											
SP	BankersTr.EufeLinked(401K)				X											X					X											
SP	Fed.Nat.MtgCMDBond(401K)			X												X							X									S
SP	SeligmanComm.(401K)				X									X							X											
SP	SogenInt.Fund (401K)				X									X									X									P
SP	GamInt.Fund (401K)				X									X									X									P
	Janus Fund (IRA)					X								X							X											
SP	OldKentFinancial (IRA)			X										X								X										
SP	GNMA Gov'tSec.Fd.(IRA)		X											X								X										
SP	MerrillLynchGlobalBd.(IRA)			X										X								X										
SP	MerrillLynchFundGrwth(IRA)				X									X							X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Goodlatte, Robert W. | Page 5 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
SP	MerrillLynch,GlbResTr(IRA)			X										X								X										
SP	WashingtonMt.Inv.FD(IRA)				X									X									X									
SP	MerrillLynchRetiremntRes.				X											X							X									
SP	NicholasFund(IRA)					X								X							X											
JT	AmericanFundsTaxExmptBd.					X								X										X								
SP	Glenn,Fedlmann,Darb,Godlt						X							X							X											
JT	FundAmericaInv.Coll.Mtg.			X												X						X										
JT	Va.ZeroCouponBonds				X											X					X											S
JT	Ind.Nat'lMortCorp STF				X											X							X									
JT	A.G.EdwardsDailyCashFund				X											X							X									
	CollMort.OldTr.RMMA(IRA)				X											X						X										S
	TempletonForeignFund(IRA)				X									X									X									
	InvestmentCo.ofAm.(IRA)					X								X									X									
SP	J.C.BradfordMoneyMkt(401K)					X										X								X								
	AGEdwardsDailyCash(IRA)				X											X						X										
	USGov'tSecsInc.(IRA)			X												X						X										
JT	MFSVAMunicipalBd.Fd.					X										X								X								
JT	T.RowePriceIntStockFd.				X									X									X									
	NotefromBirdKindertHuffman				X											X								X								
JT	StateStResearchEquityTR					X								X									X									P
SP	RayEllisonAcceptCorp(401K) (7MMA)				X											X							X									S
DC	Wachovia BK					X										X								X								

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SCHEDULE IV — TRANSACTIONS

Name Goodlatte, Robert W.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	Virginia Zero Coupon Bonds		X		10-1-98	X									
	Collateral Mortgage Obligation Trust (IIA) RNMA		X		5-22-98	X									
SP	Ray Ellison Accept Corp. GNMA		X		1-20-98	X									
SP	Fed.Nat'l Mort. Assoc.		X		8-17-98to 12-17-98	X									
SP	Houston Industries		X		8-4-98	X									
SP	Sogen Funds, Inc.	X			11-23-98	X									
SP	Bond Fund of America	X			11-23-98	X									
SP	New Perspective Fund	X			11-23-98	X									
SP	Gam International Fund	X			11-23-98		X								
JT	State Street Research Equity Trust	X			3-17-98		X								

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Virginia Trial Lawyers Assoc	April4-5	Roanoke, VAtoHotSpgs,VA to Roanoke, VA	Y	Y	Y	N
Bates College	March15-16	Washington,D.C.toLewiston ME.to Wash. DC	Y	Y	N	N
Council for National Policy	Feb.6-7	WashingtonDC to Phoenix AZ toWashington, DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

WILLIAM FRANKLIN GOODLING
(Full Name)

R.D. #3, BOX 3026-A
(Mailing Address)

SEVEN VALLEYS, PA 17360

Daytime Telephone
202-225-5836

NO RECORD RECEIVED
(Office Use Only)

7

Filer Status	[X] Member of the U.S. House of Representatives	State: PA Distrct: 19th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
William F. Goodling

DATE (Month/Day/Year)
May 22, 1999

1478

Name	WILLIAM F. GOODLING	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	PA PUBLIC SCHOOL RETIREMENT	TEACHER PENSION	6,305
	YORK SUBURBAN SCHOOL DISTRICT	SPOUSE SALARY	N/A
	CHRISTMAS TREE HILL, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name WILLIAM F. GOODLING | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock						X							X										X							P
DC, *Examples:*	Simon & Schuster				Indefinite															Royalties									X		
JT	1st Bank of Paducah, KY accounts							X								X										X					
JT	THOROUGHBRED HORSES (SEE PAGE 7)				X									FEES & GROSS PROCEEDS													X				S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name WILLIAM F. GOODLING | Page 4 of 7

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
JT	THOROUGHBRED HORSE		X				X								
JT	LOT		X				X								

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	CONGRESSIONAL FEDERAL CREDIT UNION	NOTE PAYABLE	X									
JT	FIRST CAPITOL BANK	NOTE PAYABLE	X									
JT	YORK FEDERAL SAVINGS & LOAN ASSN.	NOTE PAYABLE	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Aspen Institute	Feb 13-16	Baltimore, MD-Charleston, SC (rt)	Y	Y	Y	N
Aspen Institute	Aug 16-23	Baltimore, MD-budapest, Hungary	Y	Y	Y	N

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Goodling Thoroughbreds
1997

Ownership Interest	Type	Name of Horse	Transactions	Estimated Fair Market Value 12/31/97	12/31/98
1/3	Broodmare	Elegant Lady		1,000	1,000
1/3	Share of Stud	Dover Ridge		500	500
1/3	Share of Stud	Allen's Prospect		3,000	3,000
Full	Yearling Filly	Anetta J.		1,000	3,000
Full	Broodmare	Winning falcon		2,500	2,000
Full	Yearling Filly	Miss Jennie	Sold	3,500	0
Full	Broodmare	Droopia	Lease	1,000	~~1,000~~
			Totals	12,500	10,500 9,500

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 14 PM 4:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Barton Jennings Gordon - 940 E. Northfield Blvd. Murfreesboro TN
(Full Name)
23B68 Rayburn Building
Washington, DC 20515
(Mailing Address)
202-225-4231
Daytime Telephone

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State TN District 06	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bart Gordon

DATE (Month/Day/Year): 5/13/99

Name Barton Jennings Gordon | Page ___ of ___

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Korn / Ferry, International	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Barton Jennings Gordon | Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500

This page may be copied if more space is required.

Name Barton Jennings Gordon | Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP, DC, JT	Examples																															
SP	Mega Corp. Stock					X								X																		P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X																
	Wright Patman Credit Union Acct., Wash., DC			X												X									X							
	Lindner Fund, IRA				X																X											
SP	Korn/Ferry Int'l, stock						X														X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barton Jennings Gordon

Page of

SP, DC, J1	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name	Page of ___

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-98		X								
SP	Schwab stock			X		9-18-98	X									

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Name	Page of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B	C	D	E	F	G	H	I	J	K
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	$1,000,001–$5,000,000	$5,000,001–$25,000,000	$25,000,001–$50,000,000	Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Barton Jennings Giordon	Page of

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nuclear Energy Institute	NOV 20-30	Wash, DC - Paris, France - Wash., DC	Y	Y	Y	4 days
	R.J. Giordon & Co., Inc.	Jan 10 -14	Wash, DC - Las vegas, NV - Wash, DC	Y	Y	N	N

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Name Barlon Jennings Gordon	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U S Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 14 AM 10: 29
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

PORTER J. Goss
(Full Name)

P.O. Box 248
(Mailing Address)

202-225-2536
Daytime Telephone

Sanibel, Florida 33957

Filer Status	[XX] Member of the U.S. House of Representatives	State Florida District #14	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [XX]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XX]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) May 14, 1999

Name Porter J. Goss | Page 2 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B												BLOCK C						BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP	Mega Corp Stock	SP					X								X										X							P
DC,	*Examples*			Indefinite																	Royalties									X		
JT	1st Bank of Paducah, KY accounts							X									X									X						
SP	Berkshire Life Ins. Co				NA											Annuity								X								
SP	Nat'l Life of Vermont				NA											Annuity									X							
	Aetna Life Insurance					X											X								X							
SP	Fishers Island Utility (Stock)					X									X									X								
JT	Comm. Bank Of The Isls. (NOW accts)					X											X							X								
	(Continued on next pg)																															

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Porter J. Goss

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Fishers Island Park, NY (undeveloped real property)								X												X											
JT	Fishers Island Dev. Co.				X																X											
	So. Florida Bank - Now Act			X												X						X										
JT	So. Florida Bank - Stock			X										X								X										
JT	Fleet Bank - Now Acct.			X												X						X										
SP	Charles Oliver Trust (partial interest beneficiary)							X						X											X							
SP	Crestar Bank - NOW Acct	X														X							X									
JT	Farm Land, Retreat Road, Rapidan, Virginia								X						X					X (grazing fee)					X							
JT	Nations Bank - retail Acct.			X												X						X										

Schedule III continues on following pages

This page may be copied if more space is required.

PART III - ASSETS AND "UNEARNED INCOME - PORTER J GOSS
(STOCKS, UNLESS OTHERWISE NOTED B = BOND)

OWNER	ASSET	VALUATION	INCOME-TYPE	INCOME-AMOUNT	TRANS
	AC Nielsen Corp	NONE	Dividend	I	S
	Same as above		Capital Gain	III	
*2	AMP Inc	E	Dividend	IV	P
SP	A T & T Corp	E	Dividend	IV	
SP	Abbott Laboratories	F	Div & Split	IV	
SP	Air Products & Chemicals	G	Div & Split	V	
SP	Airtouch Communication Inc.	C	None	I	
SP	Allied Signal Inc	D	Dividend	III	P
*2	Aluminum Company of America	F	Dividend	IV	P
*2	American Home Products	I	Div & Split	VII	P & S
SP	American International Group Inc	E	Div & Split	II	
SP	Ameritech Corp	H	Div & Split	VI	
*2	Atlantic Richfield	F	Dividend	VI	P & S
	Automatic Data Processing Inc.	D	Dividend	II	
SP	BHC Communications Inc	E	None	I	
SP	BancOne Corp	E	Dividend	IV	
SP	BankAmerica Corp-Merged with Nationsbank which was Barnett	H	Dividend	VII	
	Bank of Boston Corp	NONE	Dividend	II	S
	Same as Above		Capital Gains	I	
SP	Bell Atlantic Corp	G	Div & Split	VI	
SP	Bellsouth Corp	F	Div & Split	IV	
SP	Bestfoods-Name change-Was CPC International Inc	G	Dividend	V	
*2	Blackrock Fund #65 (7780) Exchanged for PNC International Equity	F	Dividend	IV	E
SP	Blackrock Fund #95 (7806) Exchanged for PNC Select Equity	F	Dividend	IV	E
*2	Blackrock Fund #37 (8168) Exchanged for PNC Tax Free Income	C	Dividend	II	E
SP	Blackrock Fund #39 (8622) Exchanged for PNC Long Term PA	H	Dividend	VII	E
SP	Blackrock PA Muni (0442) Exchanged for Compass Capital Pa M	G	Interest	I	E
SP	Boyertown Area Sch Dist PA (B)	D	Interest	IV	
*2	Bristol Myers Squibb Co	G	Dividend	VI	
SP	Broward Cnty Florida (B)	E	Interest	IV	
SP	Bucks Cnty Pa Cmnty College Auth (B)	E	Interest	V	
SP	Burlington Northern Santa Fe Corp	F	Div & Split	V	
SP	Burlington Resources Inc	F	Dividend	IV	
SP	(CPC International Inc-Name changed to BestFoods)	NONE	None	I	

PART III - PORTER J GOSS

SP	CSX Corp	D	Dividend	IV	
	Carnival Cruise Lines Inc	D	Div & Split	II	
SP	Chevron Corp	E	Dividend	IV	
	Cigna Corp	D	Dividend	III	P
SP	Cisco Systems Inc	G	None & Split	I	
SP	Clarion Pa Area School District (B)	E	Interest	IV	
SP	Clay Cnty Fla Gas Tax Rev Ref (B)	E	Interest	IV	
SP	Cnty Wtr Swr Dist Collier Fla (B)	E	Interest	IV	
SP	Coca Cola Co	I	Dividend	VI	S
	Same as Above		Capital Gains	VII	
	(Cognizant Corp-Name changed to IMS Health Inc.)	NONE	None	I	
SP	(Compass Capital Funds-Exchanged for Blackrock PA Muni)	NONE	None	I	
SP	Coral Springs Fla Franchise Rev (B)	F	Interest	V	
SP	(Corestates Financial Corp Pa-Acquired by First Union)	NONE	None	I	
SP	(Corn Products Intl-Spin-off from Bestfoods)	D	Dividend	II	
	Corning Inc	D	Dividend	III	P
SP	Corry Area Sch Dist Pa (B)	NONE	Interest	IV	S
	Same as Above		Capital Gains	I	
SP	DF Pennsylvania Short Term Tax Exempt Fund	F	Dividend	VI	
SP	DF Pennsylvania Tax Exempt Fund	F	Dividend	VI	
SP	D F Special Stock Fund	F	Dividend	IV	
SP	D P L Inc	E	Div & Split	V	
SP	Dade Cnty Fla Edl Facs Auth Rev (B)	F	Interest	V	
SP	Dade Cnty Fla Wtr Swr Sys Rev (B)	E	Interest	IV	
SP	Disney Walt Co	F	Div & Split	IV	
SP	Dow Chemical Co	G	Dividend	VI	
	Dun & Bradstreet Corp	C	Dividend	II	
*2	DuPont E I De Nemours & Co	E	Dividend	V	P
SP	Eastman Chem Co	C	Dividend	III	S
	Same as Above		Capital Gains	II	
*2	Eastman Kodak Co	E	Dividend	IV	
SP	Easton Pa Rfdg Ser A Fgic (B)	E	Interest	V	
SP	(El Paso Natural Gas Co-Name changed to El Paso Energy Corp)	NONE	Dividend	I	
SP	El Paso Energy Corp	E	Div & Split	IV	
SP	Electronic Data Systems	E	Dividend	III	
SP	Emerson Electric	F	Dividend	V	
	Exxon Corp	D	Dividend	III	P
SP	FPL Group Inc	E	Dividend	IV	
SP	Fed Natl Mtg Assn Inc.	F	Dividend	IV	
*2	(Federated Fl-Changed to Federated Trust for Gov't)	NONE	Interest	I	
*2	Federated Trust for Gov't	I	Interest	I	P,S(Sold1-1-99)

PART III - PORTER J GOSS

	First Union (Acquired Corestates Financial Corp Pa)	E	Dividend	V	
	Fleet Financial Group	D	Div & Split	III	
SP	Florida Progress Corp	D	Dividend	IV	
SP	Fort Myers Fla Impt Rev	E	Interest	V	
SP	Fort Lauderdale Fla Excise Tax (B)	E	Interest	IV	
SP	Fortune Brands Inc	D	Dividend	III	
SP	Gallaher Group Inc PLC	D	Dividend	III	
*2	General Electric	I	Dividend	VII	
	General Motors Corp	C	Dividend	III	
SP	Georgia Pacific Corp	D	Dividend	III	
	Georgia Pac-Name change-Was Georgia Pacific Corp Tmbr Group	C	Dividend	III	
SP	(Georgia Pacific Corp Tmbr Group-Name changed to Georgia Pac)	NONE	None	I	
SP	Gillette Co	F	Div & Split	IV	
*2	Heinz H J Co	E	Dividend	IV	
	Hewlett-Packard Co	D	Dividend	III	
SP	Home Depot Inc	G	Div & Split	III	
	Household International Inc	D	Div & Split	III	
	IMS Health Inc - Name change - Was Cognizant Corp	C	Dividend	II	
SP	Imation Corp	C	None	I	
SP	Intel Corp	F	Dividend	II	
*2	International Business Machine	I	Dividend	VI	
SP	International Fund	E	Dividend	IV	
	International Paper Co	D	Dividend	III	P
SP	Jacksonville Fla Elec Auth Rev (2005) (B)	E	Interest	V	
SP	Johnson & Johnson	F	Dividend	IV	
SP	Keystone Oaks Pa Sch Auth Sch (B)	D	Interest	III	
*2	Kimberly-Clark Corp	E	Dividend	IV	P
SP	Lackawanna Cnty Pa New Pub Hsg (B)	D	Interest	IV	
SP	Lee Cnty Fla Cap Impt Rev Ser A (B)	E	Interest	IV	
SP	Lifeline Systems Inc	E	None	I	
SP	Lower Moreland Twp Auth (B)	D	Interest	IV	
SP	Lubrizol Corp	D	Dividend	IV	
SP	Lucent Technologies	F	Div & Split	II	
SP	May Department Stores	E	Dividend	IV	
SP	McDonalds Corp	D	Dividend	II	
*2	Mediaone Group-Spin-off from US West	F	None	I	
SP	Merck & Co Inc	I	Dividend	VII	
SP	Microsoft Corp	G	None & Split	I	
SP	Millcreek Twp Pa Swr Auth Swr (B)	C	Interest	III	
SP	Millipore Corp	D	Dividend	III	

PART III - PORTER J GOSS

*2	Minnesota Mining & Manufacturing	H	Dividend	VII	P
SP	Montgomery Cnty PA (B)	E	Interest	V	
*2	Motorola Inc	E	Dividend	III	P
SP	Norfolk Southern Corp	F	Dividend	V	
	Northern Palm Beach Cnty Impt	E	Interest	IV	P
	Oracle Corp	D	Dividend	I	P
SP	Orange Cnty Fla Solid Waste (B)	E	Interest	IV	
SP	Osceola Cnty Fla Gas Tax Rev (B)	E	Interest	V	
SP	Overriding Royally In State Oil Leases, LA	H	Royalty	IX	
*2	PNC Bank Corp	H	Dividend	VII	
*2	(PNC International Equity Fund-Exchanged for Blackrock#65)	NONE	None	I	
SP	(PNC Long Term PA Tax Free-Exchanged for Blackrock #39)	NONE	None	I	
SP	(PNC PA Tax Free Income Fund-Exchanged for Blackrock #37)	NONE	None	I	
SP	(PNC Select Equity Fund-Exchanged for Blackrock #95)	NONE	None	I	
	PNC Small Cap Growth Fund	NONE	Dividend	I	S
	Same as Above		Capital Gain	IV	
	(PNC Tax Free Income Fund-Exchanged for Blackrock #37)	NONE	None	I	
SP	PPG Industries Inc	H	Dividend	VII	
SP	Penna St Higher Edl Facils Auth (B)	NONE	Interest	I	S
	Same as Above		Capital Gains	I	
SP	Penney J C Co Inc	E	Dividend	V	
SP	Pennsbury Sch Dist Pa (B)	D	Interest	IV	
SP	Pennsylvania St (394853) (B)	D	Interest	IV	
SP	Pennsylvania St Pub Sch Bldg (B)	NONE	Interest	III	S
	Same as above		Capital Gains	VI	
*2	Pepsico Inc	F	Dividend	IV	P
SP	Philip Morris	G	Dividend	VI	
SP	Pinellas Cnty Fla Swr Rev (B)	E	Interest	IV	
SP	Premark International Inc	C	Dividend	II	
SP	Proctor & Gamble Co	F	Dividend	V	
SP	Providian Corp	E	Div & Split	II	
SP	Raytheon Co	F	Dividend	IV	S
	Same as Above		Capital Gain	III	
SP	Royal Dutch Pete Co	E	Dividend	V	
SP	SBC Communications	E	Div & Split	IV	
SP	Sara Lee Corp	E	Div & Split	IV	
SP	Schlumberger Ltd	D	Dividend	IV	
	Seattle Wash Ser A (B)	F	Interest	V	
SP	Sebring Fla Wtr & Wastewtr Rev (B)	E	Interest	V	
SP	Seminole Cnty Fla Sch Dist (B)	E	Interest	IV	

PART III - PORTER J. GOSS

SP	Shade Central Pa City Sch Dist (B)	E	Interest	V	
SP	St Petersburgh Fla Excise Tax (B)	E	Interest	IV	
	TRW Inc	D	Dividend	III	
SP	Transamerica Corp	D	Dividend	III	
SP	Tricon Global Restaurants Inc	C	None	I	
SP	Tupperware Corp	NONE	Dividend	II	S
	Same as Above		Cap Gains	I	
*2	(U S West Communications-Combined with US West Inc)	NONE	None	I	
*2	U S West Inc	F	Div	VI	
SP	Upper St Clair Twp Pa Sch Auth (B)	C	Interest	III	
SP	Wal-Mart Stores Inc	I	Dividend	V	
SP	Waste Management Inc	C	Dividend	II	
SP	West Goshen Sewer Auth Pa (B)	C	Interest	II	S
	Same as Above		Capital Gain	I	
SP	Xerox Corp	F	Dividend	IV	

*2 - Owned separately by spouse and filer

( ) - Parentheses indicate alphabetical audit trail information about redesignated assets

SCHEDULE IV — TRANSACTIONS

Name Porter J. Goss

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:*	Mega Corporation Common Stock	X			10-12-98		X								
	See Following page															

This page may be copied if more space is required.

SCHEDULE IV - TRANSACTIONS - PORTER J GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS
	AC Nielsen Corp	Sale	1-14-98	B
	AMP Inc	Purchase	2-9-98	C
SP	Allied Signal Inc	Purchase	1-23-98	C
	Aluminum Company of America	Purchase	4-3-98	C
	American Home Products	Purchase	1-20-98	C
SP	American Home Products	Partial Sale	9-28-98	B
	Atlantic Richfield	Purchase	2-9-98	B
SP	Atlantic Richfield	Partial Sale	9-29-98	B
	Bank of Boston Corp	Sale	7-13-98	B
*2	Blackrock Fund #65	Exchange	5-1 & 9-18-98	E
SP	Blackrock Fund #95	Exchange	5-1-98	D
*2	Blackrock Fund #37	Exchange	5-8-98	B
SP	Blackrock Fund # 39	Exchange	5-8-98	G
SP	Blackrock PA Muni MM	Exchange	2-15-98	F
	Cigna Corp	Purchase	2-24-98	C
SP	Coca Cola Co	Partial Sale	9-28-98	C
	Corning Inc	Purchase	3-31-98	C
SP	Corry Area Sch Dist PA (B)	Matured	1-15-98	C
	DuPont E I De Nemours & Co	Purchase	3-12-98	B
	Eastman Chem Co	Partial Sale	1-20-98	B
	Exxon Corp	Purchase	1-20-98	B
*2	Federated Trust for Gov't	Purchase	12-31-98	H(Sold 1-4-99)
	International Paper	Purchase	4-3-98	C
	Kimberly-Clark Corp	Purchase	3-19-98	C
	Minnesota Mining & Manufacturing	Purchase	1-20-98	C
	Motorola Inc	Purchase	1-20-98	C
	Northern Palm Beach Cnty Impt (B)	Purchase	3-26-98	C
	Oracle Corp	Purchase	2-9-98	B
	PNC Small Cap Growth Fund	Sale	11-13-98	C
SP	Penna St Higher Edl Facils Auth (B)	Matured	1-1-98	C
SP	Pennsylvania St Pub Sch Bldg (B)	Sold	5-1-98	C
	Pepsico Inc	Purchase	1-20-98	B
	Raytheon Co	Sale	1-20-98	B
SP	Tupperware Corp	Sale	10-15-98	B
SP	West Goshen Sewer Auth PA (B)	Partial Call	9-1-98	B

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THESE DISCLOSED TRANSACTIONS

Name Porter J. Goss | Page 10b of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	U. S. Capitol Historical Society
Board of Governors	Capitol Hill Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mec)

Use additional sheets if more space is required.

PORTER GOSS
14TH DISTRICT, FLORIDA

408 CANNON BUILDING
WASHINGTON, DC 20515-0913
202-225-2536

COMMITTEES
CHAIRMAN
PERMANENT SELECT COMMITTEE
ON INTELLIGENCE

RULES
CHAIRMAN, SUBCOMMITTEE
ON RULES, JUSTICE AND BUDGET PROCESS

HAND DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515–0914

DISTRICT OFFICES
2300 MAIN STREET
SUITE 103
FT. MYERS, FL 33901
941-332-4677

1401 TAMIAMI TRAIL EAST
BUILDING F, SUITE 212
NAPLES, FL 34112
941-774-8060

PLANTATION
(954) 639-0051

99 MAY 19 PM 1:46

May 19, 1999

The Honorable Jeff Trandahl
Clerk of the House
H-154 Capitol
Washington, D.C. 20515

Dear Mr. Trandahl:

I am amending Schedule IV of the Financial Disclosure for 1998 to include the joint purchase of farm land on Retreat Road, Rapidan, Virginia. The date of purchase was March, 1998 and the transaction amount is "G". This is the same property as reported in Schedule III, page 3 of my 1998 Statement.

Sincerely,

Porter J. Goss
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

LEGISLATIVE RECEIVED CENTER 197
99 MAY 17 PM 4:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED (Office Use Only)

Lindsey Olin Graham
(Full Name)

1429 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone 202 225-5301

Filer Status	[X] Member of the U.S. House of Representatives	State District	SC 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL Lindsey Graham **DATE** (Month/Day/Year) 5/17/99

1506

L9+

Name Lindsey Olin Graham	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Timothy M. Cain, P.A. Trust Account***see attached***	As an Attorney with Fedder, Cain & Norton, L.L.P., reimbursement for costs advanced involving a case begun prior to Graham entering Congress	$6,243.50
	Timothy M. Cain, P.A. Trust Account ***see attached***	Agreed upon portion of fee in case that was settled in 98, but Graham began prior to entering Congress	$33,783.81

For payments to charity in lieu of honoraria, use Schedule II.

FEDDER, CAIN & NORTON, L.L.P.
ATTORNEYS AT LAW
339 BYPASS 123 • POST OFFICE BOX 698
SENECA, SC 29679
TELEPHONE (864)882-6608
FACSIMILE (864)882-7182

Timothy M. Cain, P.A.
Bradley A. Norton

W.J. Fedder (Of Counsel)

VIA FACSIMILE ONLY TO 202-225-3216

May 17, 1999

Mr. Richard Perry
Chief of Staff
Office of Congressman Lindsey O. Graham
1429 Longworth Office Building
Washington, DC 20515

Re: Disbursements/1998 (LOG)

Dear Richard:

Pursuant to your request this date, I pulled our records from the claim we discussed.

Lindsey received two (2) checks from the Timothy M. Cain, P.A. Trust Account. Check No. 4612 was in the amount of $6,243.50 and represented reimbursement for costs advanced by Lindsey. Check No. 4613 was in the amount of $33,783.81 representing his agreed-upon portion of the fee in the case. These checks were dated July 2, 1998.

Lindsey took in and started the case well before he ran for Congress. He performed substantial work on the case before he was elected, and I took over the case after he was elected.

I hope and trust this information sufficiently addresses your inquiry. Necessarily, should there be any questions, please do not hesitate to contact me.

Thanking you for your attention to this matter, and with kind personal regards, I remain,

Sincerely,

FEDDER, CAIN & NORTON, L.L.P.

Timothy M. Cain

TMC/mdb

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Mass Mutual Life Ins. (SEP-IRA)	$15,001 - $50,000	Dividends	$201 - $1,000	N/A
	A.G. Edwards IRA	$1,001 - $15,000	Dividends	$201 - $1,000	N/A
	Putnam New Opportunities Fund	$1,001 - $15,000	Dividends	$201 - $1,000	N/A
	Goldman Sachs Trust	$15,001 - $50,000	Dividends	$201 - $1,000	N/A
	Pioneer Small Company Fund	$1,001 - $15,000	Capital Gains	$201 - $1,000	N/A
	Putnam Health Sciences	$1,001 - $15,000	Capital Gains	$201 - $1,000	N/A

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

MFS Emerging Growth Fund-B	$1,001 - $15,000	Capital Gains	$1 - $200	Purchased shares through automatic monthly investment from paycheck
Charles Schwab One Account (cash acct)	$1,001 - $15,000	Interest	$1 - $200	Held jointly with Howell Clyborne
Massachusetts Investors Trust-CL A	$15,001 - $50,000	Capital Gains and Dividends	$201 - $1,000	P
Compaq Computer Corp	$1,001 - $15,000	Dividends	$1 - $200	P
DLR GEN Strypes TR Structure	$1,001 - $15,000	Interest	$1 - $200	P
Staffmark Inc	$1,001 - $15,000	Dividends	None	P
Zweig Total Return Fund Inc	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	P
First Union Bank (checking)	$15,001 - $50,000	Interest	$201 - $1,000	N/A
Loan recevable from "Comm to Elect Lindsey Graham"	$15,001 - $50,000	no interest paid to filer	None	N/A
Wright Patman Credit Union (checking)	$1 - $1,000	Interest	$201 - $1,000	NA
Wright Patman Credit Union (savings)	$1,001 - $15,000	Interest	$201 - $1,000	NA
VK Emerging Growth Fund	$1,001 - $15,000	Capital Gains and Dividends	$1 - $200	This fund was purchased in '93 has just come to my attention
First Union Bank (savings)	$1 - $1,000	Interest	$1 - $200	NA

Name Lindsey Olin Graham	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Mass Investors Trust-CL A	Purchase	8/12/98	$1,001 - $15,000
	Mass Investors Trust-CL A	Purchase	10/28/98	$1,001 - $15,000
	MFS Emerging Growth	Purchase	Auto Monthly Investment from paycheck (12 times)	$1,001 - $15,000
	Compaq Computer Corp	Purchase	10/05/98	$1,001 - $15,000
	DLR GEN Strypes TR	Purchase	10/05/98	$1,001 - $15,000
	Staffmark Inc	Purchase	11/25/98	$1,001 - $15,000
	Zweig Total Return Fund Inc	Purchase	9/24/98	$1,001 - $15,000

Name Lindsey Olin Graham	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Nuclear Energy Institute	May 22-30	DC-Paris-Atlanta	Y	Y	N	2 days
Recording Industry Association of America	Nov. 20-22	DC-Miami-DC	Y	Y	N	N/A

GENE GREEN
29TH DISTRICT, TEXAS

2429 RAYBURN
WASHINGTON, DC 20515
(202) 225-1688

2700 N. SAM HOUSTON PKWY. EAST
SUITE 20
HOUSTON, TEXAS 77060
(281) 999-5879

11811 I-10 EAST
SUITE 430
HOUSTON, TEXAS 77029
(713) 330-0761

HAND DELIVERED

COMMITTEE ON COMMERCE
• SUBCOMMITTEE ON
TELECOMMUNICATIONS, TRADE AND
CONSUMER PROTECTION
• SUBCOMMITTEE ON HEALTH AND
ENVIRONMENT

Congress of the United States
House of Representatives
Washington, DC 20515-4329

May 12, 1999

RECEIVED
99 MAY 13 AM 11:53
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

Committee on Standards of Official Conduct
Suite HT-2, The Capitol
Washington, DC 20515-6328

MC (5)

Re Financial Disclosure Statement for 1998

The attached 1998 Financial Disclosure Statement excludes property at 379 County Fair (a former personal residence which has been sold) and 20711 Trellis, my present personal residence in Houston, Texas; as well as two houses at McRae Lake Subdivision in Montgomery County, Texas which are used solely for personal recreational purposes. These properties were reported in error on previous reports. However, they are not held for investment nor do they produce income. Therefore, they will no longer be listed on Schedule III on future reports

Please contact me if there are questions with regard to this matter

Sincerely,

Gene Green
Member of Congress

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Enc

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 AM 11:16
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U.S. HOUSE OF REPRESENTATIVES
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MC

(Office Use Only)

Raymond Eugene (Gene) Green
(Full Name)

P O Box 16128
(Mailing Address)

Daytime Telephone:
202-225-1688

Houston TX 77222-6128

Filer Status	[X] Member of the U.S. House of Representatives	State TX District 29	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes [ ] No [X]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? Yes [ ] No [X]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? Yes [X] No [ ]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL **DATE** (Month/Day/Year) 5/17/99

1514

Name Raymond Eugene (Gene) Green | **Page** 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Employees Retirement System of Texas	Legis. Pension	$38,703.00
	State of Texas	Deferred Comp	$2,000.00
	Aldine Independent School District	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Raymond Eugene (Gene) Green | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT Condominium - Austin, TX	$15,001 - $50,000	Sale	None	S
SP 20.049 Acres Rural Land, Montgomery County, TX	$15,001 - $50,000	Timber Sale	$5,001 - $15,000	
JT NationsBank	$50,001 - $100,000	Interest	$1,001 - $2,500	
JT Chase Bank (formerly Tx Commerce) IRA's	$50,001 - $100,000	Interest	NA	
JT Aldine Teachers' Credit Union	$1,001 - $15,000	Interest	$201 - $1,000	
DC NationsBank	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

DC	NationsBank	$1,001 - $15,000	Interest	$201 - $1,000	
JT	Prudential Insurance	$50,001 - $100,000	Interest & Spouse Deferred Comp	$5,001 - $15,000	
DC	Union Texas Petroleum	$1 - $1,000	Dividends	$1 - $200	
JT	Merchants Bank (IRA's)	$50,001 - $100,000	Interest	NA	
JT	First American Bank (Deferred Comp)	$1,001 - $15,000	Interest & Income	$1,001 - $2,500	

Name Raymond Eugene (Gene) Green	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Condominium - Austin, TX	Sold	05/15/98	$15,001 - $50,000

Name Raymond Eugene (Gene) Green | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Electronics Industries Assn	Jan 9-11	Hou-Las Vegas-Hou	Y	Y	Y	None
Assn of American Railroads	Jan 16-19	Hou-San Diego-Carlsbad-Hou	Y	Y	Y	None
Aspen Institute	Feb 13-16	Hou-Charleston-Hou	Y	Y	Y	None
Natl Cable TV Assn	May 3-4	Hou-Atlanta-Hou	Y	Y	N	None
Chinese People Inst of Foreign Affairs	May 24-31	Hou-Shanghai-Xiang,Beijing-Hou	Y	Y	Y	None
Nuclear Energy Inst	Nov 20-27	Hou-France-Hou	Y	Y	Y	None

Name Raymond Eugene (Gene) Green	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Major	Texas State Guard (Uncompensated)

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
5/90	International Typographical Union	Pension Upon Retirement

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

Mark Andrew Green
(Full Name)
PO Box 12571, Green Bay, WI 54307
(Mailing Address)
920-497-0834
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State WI District 08	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 17)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☑	No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☑	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Mark Green

DATE (Month/Day/Year) 05/14/99

1522

Name Mark Green | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Wisconsin (Assembly)	Salary	$38,722
	State of Wisconsin (Assembly)	Per Diems	$3,358

For payments to charity in lieu of honoraria, use Schedule II.

Name Mark Green | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	—	—		—

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Mark Green | Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	$201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	P, S, E
SP	Mega Corp. Stock					X								X																			P
DC, *Examples*	Simon & Schuster			Indefinite																Royalties													
JT	1st Bank of Paducah, KY accounts						X									X									X					X			
	LMG Property Management (general partnership holding title to the following 3 rental properties. Green owns 1/3 interest in LMG partnership)																																
	1. 1825-27 Frank St., Green Bay						X								X										X								
	2. 1790 7th St., Green Bay						X								X										X								
	3. 408-10 Steven St., Green Bay						X								X										X								
	Kemper Municipal Bond Fund			X												X								X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mark Green

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Flex Funds Money MKt Fund		X													X						X										
	Amer Funds Group																															
	Europacific Growth Fund				X									X			X						X									
	Growth Fund of America					X								X			X							X								
	Washington Mutual Fund			X										X			X						X									
	American Legacy Annuity				X											X								X								
	Gannet Stock			X										X			X						X									
	Wisconsin Retirement System			X												X							X									
	Kemper IRA		X													X						X										
	Godfrey + Kahn, S.C. 401K (administered by Associated Trust Co)				X											X	X						X									
	Vanguard Institutional Index			X										X			X							X								
	20th Century Growth Fund			X										X			X								X							
	Fidelity Contra Fund			X										X			X						X									

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SCHEDULE IV — TRANSACTIONS

Name Mark Green

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								

This page may be copied if more space is required.

Name Mark Green | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Associated Bank Green Bay	Mortgage of 3 rental properties				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LMG Property Management, a Wisconsin general partnership (see p.4)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Spring 1992 – December 1998	Mark Green; Godfrey + Kahn, S.C.	(Of Counsel Agreement – same as previously stated in Financial Disclosure Statements filed with U.S. House) Compensation was based on percentage of billed hours. Benefits other than malpractice coverage and maintenance of 401k plan benefits earned prior to "of counsel" status were suspended. After December 1998, malpractice coverage suspended as well. There is no formal agreement regarding a return to Godfrey + Kahn, S.C., after Congressional Service in any capacity.

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

MARK GREEN
8TH DISTRICT, WISCONSIN

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Congress of the United States
House of Representatives
Washington, DC 20515–4908

PUBLIC MAIL

May 25, 1999

(1)

ML

Mr. Jeff Trandahl
Office of the Clerk
Legislative Resource Center
B106 Cannon
Washington, DC 20515

Dear Mr. Trandahl,

I am writing to correct my annual Financial Disclosure Statement for calendar year 1998.

I inadvertently checked "Yes" for question VII under the Preliminary Information portion of the disclosure. I should have checked "No". Neither myself, my spouse or any of my dependents received reportable travel or reimbursements for travel in the reporting period.

Please allow this letter to serve as my amendment to my Financial Disclosure Statement for 1998.

Thank you for your attention to this matter. Please call me at 202/225-5665 with any questions or concerns you may have.

Sincerely,

Mark Green
Member of Congress

PRINTED ON RECYCLED PAPER

JAMES C. GREENWOOD
8TH DISTRICT, PENNSYLVANIA

COMMITTEE ON COMMERCE
SUBCOMMITTEES:
HEALTH AND ENVIRONMENT
FINANCE AND
HAZARDOUS MATERIALS
OVERSIGHT AND INVESTIGATIONS

COMMITTEE ON
EDUCATION AND THE WORKFORCE
SUBCOMMITTEES:
EARLY CHILDHOOD, YOUTH AND FAMILIES
POSTSECONDARY EDUCATION, TRAINING
AND LIFE-LONG LEARNING

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HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515–3808

2436 RAYBURN BUILDING
WASHINGTON, DC 20515
(202) 225-4276

DISTRICT OFFICES
69 E. OAKLAND AVE
DOYLESTOWN, PA 18901
(215) 348-7511
1 OXFORD VALLEY
SUITE 800
LANGHORNE, PA 19047
(215) 752-7711

May 4, 1999

Honorable Lamar S. Smith
Chairman
Committee on Standards of Official Conduct
HT-2 Capitol
Washington, DC 20515-6328

HAND DELIVERED

MC
7

Dear Chairman Smith:

Enclosed is my Financial Disclosure Statement for Calendar Year 1998.

A question arose last year regarding my entries on Schedule III, so I want to repeat the explanation I provided at last year's filing:

> **I have indicated on Schedule III that all of the listed reported assets comprise a single IRA held by Wheat, First Union. The IRA as a whole is self-directed, but my discretion is limited to selecting the mutual funds or bonds that comprise the IRA. I possess no authority to determine the individual stocks or securities that comprise a particular mutual fund.**

Please let me know if you have any questions.

Sincerely,

James C. Greenwood

Enclosure
JCG:mc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

99 MAY 10 PM 2:43

CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

James Charles Greenwood
(Full Name)

2436 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone 202-225-4276

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 08	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION. Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions. (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001)

SIGNATURE OF REPORTING INDIVIDUAL: James C. Greenwood

DATE (Month/Day/Year): 5-4-99

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Bucks County, Pennsylvania	Spouse salary	NA
	Commonwealth of Pennsylvania	Pension for House & Senate service	$5,448.00

For payments to charity in lieu of honoraria, use Schedule II.

Name James Charles Greenwood | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of in come which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not selfdirected, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year

If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, *Examples*	SP Mega Corp Stock	Indefinite	X DIVIDENDS	Royalties	P
	Simon & Schuster			X INTEREST	
	1st Bank of Paducah, KY accounts		X RENT		
	Wheat, First Union IRA (self-directed)			N.A.	X	N.A.
	Bonds - Refco Strips	X		N.A.	X	N.A.
	Bonds - Certificate Accrual					
	Treasury Securities	X		N.A.	X	N.A.
	Mutual Funds - Mentor					
	Capital Growth Class BL	X		N.A.	X	N.A.
	Mutual Funds - Mentor Income					
	Growth Class BL	X		N.A.	X	N.A.
	Mutual Funds -					
	Mentor Growth Fund	X		N.A.	X	N.A.

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James Charles Greenwood

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Mutual Funds - Mentor Perpetual Global Fund			X																N.A.	X											N.A.

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SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Aspen Institute	Feb. 13 - 16	Phila. - Charleston, SC - Phila.	Y	Y	Y	None
The Aspen Institute's Bipartisan Congressional Retreat	April 13 - 22	Phila. - Lanai, Hawaii - Los Angeles - San Diego - Wash., DC	Y	Y	Y	Three
Klamath Alliance for Resources and Management	June 12 - 15	Phila. - Portland, OR - Medford, OR McCloud, CA - Medford, OR - Phila.	Y	Y	Y	None
(1) Alaska Wilderness League; (2) The Wilderness Society	June 27 - July 3	Phila. - Fairbanks, AK - Arctic Village - Prudhoe Bay (Deadhorse) - Anchorage - Cold Bay - Anchorage - Phila.	Y	Y	N	None
National Abortion Rights Action League	November 6 - 8	Phila. - Denver - Phila.	Y	Y	Y	None
The Aspen Institute	November 13 - 16	Phila. - Bermuda - Phila.	Y	Y	Y	None
Congressional Economic Leadership Institute	Nov. 29 - Dec. 6	Phila. - Brussels - London - Phila.	Y	Y	Y	None
Family Planning Advocates of New York	Jan. 25 - 26, 1998	Phila. - Albany, NY - Phila.	Y	Y	N	None

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Director (unpaid)	Bucks County (PA) County on Alcoholism
Director (unpaid)	The Woods Schools

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 2:12
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Luis V. Gutierrez
(Full Name)

2132 West Cortland, Chicago, IL. 60647 (202) 225-8203 (773) 509-0999
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 4th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL X Luis V. Gutierrez

DATE (Month/Day/Year) May 12, 1999

Name	Luis V. Gutierrez	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Second Federal Savings Loan Association	Spouse's Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Luis V. Gutierrez

Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, or E
SP	Mega Corp Stock					X								X																		P
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X									X							
JT	LaSalle Bank				X											X								X								P (savings)
JT	Midtown Bank				X											X								X								P (savings)

Examples:

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez	Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	LaSalle National Bank	Construction Mortgage on 1934 West Wabansia					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Luis V. Gutierrez | Page 1 of 1

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	UNIVERSITY OF PUERTO RICO	April 13-16	Chicago-Puerto Rico-Chicago	Y	N	N	N
	CENTRO SIN FRONTERAS	June 29-2	Chicago-Mexico City-Chicago	Y	N	N	N
	CONGRESO NACIONAL HOSTOSIANO	MAY 23-25	CHICAGO - PUERTO RICO - CHICAGO	Y	N	N	N

This page may be copied if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 3:05
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED (6)
(Office Use Only)

Rep. Gil Gutknecht
(Full Name)
425 Cannon Office Bldg.
Washington, D.C. 20515
(Mailing Address)
202-225-2472
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Minnesota District: 1st	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): May 11, 1999

Name GilGutKnecht | Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Aldrich Nursery School	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Gil Gulknecht | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts					X										X										X						
JT	AT&T, stock			X										X									X									
JT	Bell South, stock					X								X										X								
JT	State Capital Cr. Union savings				X											X							X									
JT	NW Bank, sav. + check.				X											X							X									
	Fastenal stock, IRA			X											reinvested							X										
	Chrysler corp., IRA			X																		X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gil Gutknecht

Page 4 of 6.

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Templeton Growth, IRA			X												reinvested						NA										
	Oppen. Main St. Inc & Gr. IRA			X																												
	Dean Witter Lig. Asset IRA			X																												
SP	Berger 100 mutual, IRA			X																												
SP	Templeton Growth, IRA			X																												
SP	Schwab money mkt, IRA		X																													
JT	Lucent Tech			X										X								X										
JT	Fastenal Stock			X										X								X										
	MN State Ret Sys: def. comp. OCIIS services			X													X						NA									
	MN State Ret Sys: legislative pension	No specific value																					NA									
SP	Teachers Insurance + Annuity Assn. - retirement			X													X						NA									
	garage			X										X										X								P

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SCHEDULE IV — TRANSACTIONS

Name Gil Gutknecht | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	garage	X			1-30-98	X									

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Name Gil Gutknecht | Page 6 of 6

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nuclear Energy Institute	Jan 20-28	Roch-Las Vegas-Roch	Y	Y	N	N

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GIL GUTKNECHT
1ST DISTRICT MINNESOTA

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Congress of the United States
House of Representatives
Washington, DC 20515–2301

May 27, 1999

Mr. Jeff Trandahl
Clerk, US House of Representatives
H-154, Capitol
Washington, D.C. 20515

1 ✓
MC

Dear Mr. Trandahl:

This letter serves as an official amendment to my Financial Disclosure Statement for the calendar year 1998.

Under Schedule III - Assets and "Unearned" Income, the "garage" listed is a one-car space in an 8-car garage which is in the basement of my Washington condominium building. The address is 301 C Street NE #210. I rent out this garage space for $125 per month.

If you should have any further questions, you may reach me through my Executive Assistant, Sarah Derrick, in my Washington office at 225-2472.

Thank you for your attention to this matter.

Sincerely,

Gil Gutknecht

Gil Gutknecht
Member of Congress

WASHINGTON OFFICE:
425 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–2301
(202) 225–2472
(202) 225–3246 FAX
gil.gutknecht@mail.house.gov
www.house.gov/gutknecht

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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9

Ralph M. Hall
(Full Name)

2221 Rayburn House Office Building
(Mailing Address)

(202) 225-6673
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Texas District: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ralph M. Hall

DATE (Month/Day/Year): 5-10-99

Name	Ralph M. Hall	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Employee Retirement System of Texas	Legislative Pension	$50,764

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Ralph M. Hall

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT); in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock	X	X		P
DC	*Examples* Simon & Schuster	Indefinite	Royalties	X	
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Securities: Crowley Holding Co.	X	X	X	
	Lakeside Bancshares, Inc.	X	X	X	
	Lakeside National Bank	X	X	X	
	North & East Trading	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ralph M. Hall

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Real Estate:																															
	152 A. Hunt Co., Tx						X														X											
	451 A. Jack Co., Tx	X													X										X							S
	Building, Rockwall,Tx					X															X											
	5 A. Rockwall,Tx						X														X											
	D.C. Townhouse						X														X											
	Oil Interest:																															
	Caddo Parrish, La.			X																Royalty			X									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Ralph M. Hall

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	451 A. Jack County, Tx		X		12-15-98				X						
	2 Lots, Harbor Landing, Rockwall Co.,Tx		X		12-15-98			X							

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	B 10,001–15,000	C 15,001–50,000	D 50,001–100,000	E 100,001–250,000	F 250,001–500,000	G 500,001–1,000,000	H 1,000,001–5,000,000	I 5,000,001–25,000,000	J 25,000,001–50,000,000	K Over 50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Lakeside National Bank, Rockwall, Tx	Business Loans, Harbor Lot, Commercial Bld.				X						
	American Bank, Sherman, Tx	Bank Stock				X						
	Community Bank, Rockwall, Tx.	152 A. Hunt County, Tx			X							
	J.T. Turner Construct., Greenville, Tx	5 Acres, Rockwall Co., Tx				X						
	Lloyd Wilcox, Rockwall, Tx	Lakeside Bancshares		X								

(continued)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Loretta Myers, Rockwall, Tx	Lakeside Bancshares			X							
	E.K. Slaughter, Rockwall, Tx	Crowley Holding Co.			X							
	Rosemary Scott, Rockwall, Tx	Business Borrowings	X									
	Hugh Hall, Rockwall, Tx	Business Borrowings	X									
	Flagstar Bank, Irving, Ca.	D.C. Townhouse			X							

SCHEDULE VI — GIFTS

(continued)

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Ralph M. Hall | Page 8 of 9.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Debt Paid During Year:											
	American Bank, Sherman, Tx	5 Acres, Rockwall Co.,Tx				X						
	Bank of Crowley, Crowley, Tx	451 A. Jack Co.,Tx			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman & Director (Unpaid)	Crowley Holding Company, Crowley, Tx
Chairman & Director (Unpaid)	Bank of Crowley, Crowley, Tx
Chairman & Director (Unpaid)	Lakeside National Bank, Rockwall, Tx
President & Director (Unpaid)	Lakeside Bancshares Inc., Rockwall, Tx
Chairman & President (Unpaid)	North & East Trading Co., Rockwall, Tx
Chairman & Director (Unpaid)	Linrock, Inc., Rockwall, Tx

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
None		

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

Congressman Ralph M. Hall
Fourth District of Texas

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U.S. House of Representatives

(1)

June 15, 1999

Mr. Jeff Trandahl
Clerk of the House of Representatives

HC

Dear Mr. Trandahl:

I am filing this letter as an amendment to my Financial Disclosure Statement for the calendar year 1998, which was filed on May 13, 1999. This letter is to clarify two assets that are listed on Schedule III -- Assets and "Unearned" Income (page 4).

The building in Rockwall, TX, is located at 105 Fannin Street in Rockwall. The D.C. Townhouse is located at 310 East Capitol Street, #A, in Washington, D.C.

Thank you for calling these matters to my attention.

Sincerely,

Ralph M. Hall

Ralph M. Hall
Member of Congress

Not Printed at Government Expense

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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9

Tony P. Hall
(Full Name)

2560 North 23rd Road
(Mailing Address)

Arlington, Va. 22207

Daytime Telephone 202-225-6465

Filer Status	[X] Member of the U.S. House of Representatives — State Ohio, District 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Tony P. Hall

DATE (Month/Day/Year): 5-12-99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples.	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fellowship Foundation, Inc. Arlington, VA.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Tony P. Hall	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	Kettering Medical Center	Speech	April 9, 1998	$300
	Ohio School Food Service	Speech	April 25, 1998	$500
	Sojourners Magazine	Article	Dec. 15, 1998	$75

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tony P. Hall

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X										X						
JT	R.O.Assoc.(1.98% Lt.Part)			X																(passive) Part.Inc.			X									
JT	Signet Bank,Arlington,VA																															E
SP	" " " "																															E
	Cong.Emp.Fed.Credit Un.		X													X						X										
JT	First Union Bk.,Arlin.VA		X													X						X										
JT	" " " "			X												X							X									E

Merged with First UnionBank transferred accounts

Did not meet the savings account theshold for reporting

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tony P. Hall

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Shearson Lehman IRA	N/A		moved to										Prudential						Securities, where												following IRA assets are	E
SP	Aim Invest.Funds Telecom. IRA			X										X								N/A										E
SP	Smith Barney Shearson Appreciation Fund "			X										X								N/A										E
	~~" " " Aim Investment Funds "~~			X										X								N/A										E
	Telecomunications "			X										X								N/A										E
	Chemical Bank Note "			X												X						N/A										E
	Prudential Moneymart "			X										X								N/A										L
JT	Amer. Elec.Power Stock			X										X									X									P
JT	First Union Corp. "			X										X									X									P
JT	IBM Stock			X										X									X									P
JT	Royal Dutch Petro.Stock			X										X									X									P
DC	Wendy's, Mattel, Techi-clone Intl. Stocks			X										X									X									
JT	Projectavision Stock		X																			X										

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SCHEDULE IV — TRANSACTIONS

Name Tony P. Hall

Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
JT	American Electric Power Stock	X			5/26/98	X									
JT	First Union Corp. Stock	X			2/10/98	X									
JT	IBM Stock	X			2/10/98	X									
JT	Royal Dutch Pretroleum Co. Stock	X			2/10/98	X									
JT	Shearson Lehman IRA			E	2/26/98		X	Exchanged for following 6 IRA investments:							
SP	Aim Investment Funds Telecommunication IRA			E	2/26/98	X									
SP	Smith,Barney,Shearson Apprec.Fund IRA			E	2/26/98	X									
	" " " " " "			E	2/26/98	X									
	Aim Investment Funds Telecommun. IRA			E	2/26/98	X									
	Chemical Bank Note IRA			E	2/26/98	X									
	Prudential Moneymart IRA			E	2/27/98	X									

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SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	International Foundation	Feb.13-22	Wash.,D.C. Wash.,D.C.-Barbados-	Y	N	Y	5 Days
	The Wild Foundation	April 7-16	" -S. Africa - Wash,DC	Y	Y	Y	N
	Crystal Cathedral Ministries & International Foundation	June 19-21	"-Orange County,CA- "	Y	Y	N	N
	Ambassadors for Christ Intl. & International Foundation	Aug15-Sep3	Wash.D.C.-Austria-Bulgaria-Croatia-Bosnia-Wash,DC	Y	Y	Y	6 Days
	Inter-Parliamentary Union	Nov.27-Dec9	Wash.DC-Rome-Wash.DC	Y	N	N	9 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partnership	R.O. Associates - K-Mart Store
Chairman	Congressional Hunger Center
Director	Bread For The World
Trustee	Holiday Aid
Board of Managers	Air Force Museum Foundation
Advisory Board	Mercy Corps International

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board	International Justice Mission
Director	Center For Effective Compassion

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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(Office Use Only)

JAMES V. HANSEN
(Full Name)

242 Cannon House Office Building
(Mailing Address)

(202) 225-0453
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL James V. Hansen

DATE (Month/Day/Year) 04-19-99

1570

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State Farm Insurance Company	Pension	$4185.72
	State of Utah	Legislative Pension	$2225.40

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: JAMES V. HANSEN

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, or E
SP	Examples	SP					X								X										X								P
DC		Mega Corp Stock																															
		Simon & Schuster			Indefinite																Royalties									X			
JT		1st Bank of Paducah, KY accounts						X									X									X							
JT	Office Building at 60 S. 200 W., Farmington, Utah							X								X											X						
JT	Building Lots (3), Woodland Springs, Plat A Farmington, Utah							X														X											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES V. HANSEN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
JT	Wright-Pat. Credit Union			X												X							X									
JT	Mountain America Credit Union			X												X						X										
JT	America First Credit Union			X												X						X										
JT	United States Savings Bonds				X											X						X										
JT	Davis Schools Credit Union			X												X							X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Zions First National Bank	Mortgage on rental office at ~~60 South 200 West,~~ Farmington, UT 84025		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE.		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 3:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

9

J. DENNIS HASTERT
(Full Name)

H-232, The Capitol
Washington, DC 20515
(Mailing Address)

Daytime Telephone 202-225-0600

Filer Status	[X] Member of the U.S. House of Representatives	State IL District 14	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Dennis Hastert

DATE (Month/Day/Year) 5/14/99

1575

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Orlando County Board of Education	Spouse Salary	NA
	Yorkville, Illinois School District #115	Spouse Salary	N A
	State of Illinois Pension Fund-(Former State Legislator)	Legislative Pension	27,625

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
American Society of Anesthesiologists, Park Ridge, Il.	Speech	June 16, 1998	1,500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name J. DENNIS HASTERT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example, Partnership Income or Farm Income)	I None	II $1 – $200	$201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*	SP	Mega Corp. Stock				X								X										X							P
			Simon & Schuster		Indefinite																Royalties									X		
			1st Bank of Paducah, KY accounts					X									X									X						
JT	Yorkville National Bank, IL																															
	Personal Account				X												X						X									
	Farm Account				X												X						X									
JT	Farm, RR1, Shipman, IL (270 Acres)							X								Farm Income							X (Net)				X (gross)					
	Cong. Federal Credit Union				X																	X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name J. DENNIS HASTERT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Opera House Property						X								X										X		X					
	580 Lockport St.																								(net)		(gross)					
	Plainfield, IL 60543																															
	(½ Interest)																															
JT	Townhouse, Capitol						X								X										X							
	Park II, Washington, DC																															
	Northwestern Mutual Life (IRA)			X										X		X	X						X									
SP	Northwestern Mutual Life (IRA)			X										X		X	X						X									

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Midwest Bank, Joliet, IL	50% Interest by Opera House Properties		X								
JT	Federal Land Bank	Mortgage from Property on 110 Acres - Shipman, IL			X							
	Yorkville National Bank, IL	Cosign Loan for home repair with relative	X									
	Yorkville National Bank, IL	Cosign restaurant Loan with relative				X						
	Martin Nelson, DeKalb, IL	Cosign Loan with relative			X							
	Yorkville National Bank, IL	Cosign Loan with Relative		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
JT	BB&T, South Carolina	Mortgage on Wash, DC Townhouse			X							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	US-JAPAN Legislative Exchange GW University School of International Affairs	Dec 1-6	Chicago-Tokyo-OSAKA Chicago	Y	Y	N	1

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
50% Partner	Operaktouse Property

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 4:55
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(4)

The Honorable Alcee L. Hastings
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: (202) 225-1313

Filer Status	[X] Member of the U.S. House of Representatives — State: FL District: 23	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Alcee L. Hastings

DATE (Month/Day/Year) 5/13/99

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name The Honorable Alcee L. Hastings

Page 2 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H1 $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	M Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction: P, S, E
SP	Mega Corp. Stock					X									X										X								P
DC, Examples:	Simon & Schuster	Indefinite																			Royalties									X			
JT	1st Bank of Paducah, KY accounts							X									X									X							
	Nations Bank (Ft. Laud)		X														X					X											NA
	1055 NW 183rd St., Miami, FL 33025					X										X										X							NA
	Wright Patman Credit Union				X												X					X											NA
	8528 Longacre Dr. Miramar, FL 33025								X												Mortgage	X											NA
	5602 NW 206th Terr, Miami, FL (1/2)					X															Mortgage	X											NA
	5010 SW 151st Terr, Miramar, FL							X													Mortgage	X											NA

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Name The Honorable Alcee L. Hastings | Page 3 of 4

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Robert Catz	Legal Fees						X				
	Terrence Anderson	Legal Fees							X			
	Patricia Williams	Legal Fees						X				
	Karr & McClan	Legal Fees				X						
	Mark McDonald	Legal Fees		X								
	Lewis Meyers	Legal Fees		X								
	Mitshibishi Credit	Automobile Loan	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Lake City, FL - NAACP Columbia County	April 26, 1997	Ft. Lauderdale-Lake City-Ft. Lauderdale	Y	Y	N	NO
Westfield, NJ - The Connell Group	May 19, 1997	Washington-New Jersey-Washington	Y	Y	N	NO
Orlando, FL - National Association Blacks in Criminal Justice	October 11, 1997	Ft. Lauderdale-Orlando-Ft. Lauderdale	Y	Y	N	NO
The Connell Company	June 5, 1998	Washington-Westfield, NJ-Washington	Y	Y	N	NO
Polk County Opportunity Council	July 25, 1998	Washington-Bartow, FL-Washington	Y	Y	N	NO

ALCEE L. HASTINGS
23D CONGRESSIONAL DISTRICT
FLORIDA

COMMITTEE ON
INTERNATIONAL RELATIONS

COMMITTEE ON SCIENCE

INSIDE MAIL

RECEIVED
99 MAY 26 PM 1:55
THE CLERK
REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515-0923

PLEASE RESPOND TO:

☐ 1039 LONGWORTH BUILDING
WASHINGTON, DC 20515-0923
TELEPHONE: (202) 225-1313
FAX: (202) 226-0690

☐ 2701 W OAKLAND PARK BOULEVARD
SUITE 200
FT. LAUDERDALE, FL 33311
TELEPHONE: (954) 733-2800
FAX: (954) 735-9444

☐ 5725 CORPORATE WAY
SUITE 208
WEST PALM BEACH, FL 33407
TELEPHONE: (407) 684-0565
FAX: (407) 684-3613

E-MAIL ADDRESS:
hastings@hr.house.gov
WORLD WIDE WEB PAGE:
http://www.house.gov/alceehastings/welcome.html

May 20, 1999

The Honorable Lamar Smith, Chair
Committee on Standards of Official Conduct
U.S. House of Representatives
HT2 the Capitol
Washington, D.C. 20515

RECEIVED
99 MAY 26 AM 11:31
COMMITTEE ON STANDARDS

Dear Chairman Smith:

On May 17, 1999, my office was contacted by a member of the House Ethics staff, who indicated to my staff that it appeared that certain errors might have been made in filing my 1998 Financial Disclosure; specifically, that certain personal properties, and a personal vehicle, all of which are mortgaged, should be excluded. I am therefore amending my 1998 Financial Disclosure to reflect the following corrections:

1. Under Schedule III Assets and "Unearned" Income
   "Nations Bank (Ft. Lauderdale)" should be deleted, because I did not earn more than $200 on the account
   "1055 NW 183rd St., Miami, Fl" should be deleted as it is a personal residence
   "8528 Longacre Dr., Miramar, FL" should be deleted as it is a personal residence
   "5602 NW 206th Terrace, Miami, FL" should be deleted as it is a personal residence

2. Under Schedule V - Liabilities
   "Mitsubishi Credit, Automobile Loan" should be deleted as it is a personal automobile

Sincerely,

Alcee L. Hastings

Alcee L. Hastings, M.C.

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 17 AM 11:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

DOC HASTINGS
(Full Name)

P.O. BOX K
(Mailing Address)

PASCO, WA 99301

202-225-5816
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: WASHINGTON Distrct: 04	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/6/99

1589

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: DOC HASTINGS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used.
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	BLOCK B Value of Asset (A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000)	BLOCK C Type of Income (DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income))	BLOCK D Amount of Income (I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000)	BLOCK E Transaction (P, S, E)
SP, DC, JT (Examples)	SP Mega Corp Stock	F	DIVIDENDS	IV	P
	Simon & Schuster	Indefinite	Royalties	IX	
	1st Bank of Paducah, KY accounts	F	INTEREST	VII	
JT	COLUMBIA BASIN PAPER & SUPPLY TRUST – PETERSON + HASTINGS	G	QUALIFIED BLIND TRUST RETIREMENT PLAN	VII	
JT	YOLIMA FEDERAL - DEPOSIT	C	INTEREST	II	
JT	1ST VIRGINIA – DEPOSIT	C	INTEREST	II	
JT	CHAS SCHWAB - IRA	C	DIVIDENDS	II	

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 17 PM 4:59
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MAY 15 1999
NC
(Office Use Only)

ROBERT CANNON HAYES
(Full Name)

102 CHURCH STREET NORTH CONCORD NC 28025
(Mailing Address)

(704)795-1998
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State NC District 8	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert Cannon Hayes "Robin" — DATE (Month/Day/Year)

1591

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
FIRST UNION NATIONAL BANK; CONCORD, NC	TRUSTEE'S FEES	20,856
THE CANNON FOUNDATION, INC.; CONCORD, NC	TRUSTEE'S FEES	9,240
ARTIC SOUTHERN ENTERPRISES; CONCORD, NC	PROPRIETORSHIP GROSS INCOME	8,700

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT CANNON HAYES | Page 3 of 8

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock					X								X									X								P
DC	Examples: Simon & Schuster		Indefinite																	Royalties											
JT	Examples: 1st Bank of Paducah, KY accounts						X									X									X						
JT	FIRST UNION NATIONAL BANK CHARLOTTE, NC; ACCOUNTS						X									X								X							
JT	CENTRAL CAROLINA BANK & TRUST, DURHAM, NC; ACCOUNTS			X												X							X								
JT	CABARRUS BANK OF NC, CONCORD, NC; ACCOUNTS				X											X								X							
JT	FIRST CHARTER NATIONAL BANK, CONCORD, NC; ACCOUNTS		X													X						X									
	SOLECTRON CORP., STOCK				X																X										
	AGRI BIOTECH INC., STOCK					X											X							X							P,S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT CANNON HAYES

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	BERKSHIRE HATHWAY-CLB; STOCK			X																	X											
	GLENAYRE TECH, INC.; STOCK	X															X								X							P, S
SP	UNIFI, INC., STOCK	X												X			(LOSS)						X									S
SP	TRIMBLE NAV. LTD., STOCK	X															X									X						S
SP	BB&T CORP.; STOCK				X									X			X									X						S
SP	SPEEDWAY MOTORSPORTS, STOCK	X															X									X						S
SP	LANCER CP TEX, STOCK			X																	X											
SP	DEAN WITTER ACTIVE ASSETS MONEY TRUST	X												X									X									
SP	AGRI BIOTECH INC., STOCK						X														X											P
SP	FANNIE MAE; STOCK			X										X			X							X								S
SP	CONOCO INC., CL A; STOCK				X																X											
SP	GLENAYRE TECH INC.; STOCK	X															X								X							P, S
	SANDBURG HOUSE, SUTHER ROAD CHARLOTTE, NC 28213	X													X		(LOSS)									X	(GROSS)					S
	MT PLEASANT HOSIERY MILL BLDG; 1467 N MAIN STREET MT. PLEASANT, NC 28124						X								X												X	(GROSS)				
	SICHTING PROPERTY, CULP ROAD RICHFIELD, NC 28137				X																X											
	WISCONSIN PROPERTY, CLINIC ROAD BREED WISCONSIN				X																X											
	LOT #11, BOXWOOD ESTATES, COUNTRYWOOD PLACE SE, CONCORD, NC 28025	X															X						X									S
	HIGHWAY 73 COLDWATER, CONCORD, NC 28025				X																X											
	MOUNT PLEASANT HOSIERY, INC., STOCK								X												X											
	LEMMON/ROSINSKI; I, L.P.			X												X							X									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT CANNON HAYES

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TRUST-CA CANNON DTD 12-5-51									X				X		X												X				
	~~(SEE SCHEDULE III, ATTACHMENT A)~~																															
	~~TRUST-CA CANNON DTD 5-12-53~~										X			X		X										X						
	~~(SEE SCHEDULE III ATTACHMENT B)~~																															
	~~TRUST-CA CANNON (322) TRUST~~																															
	~~(SEE SCHEDULE III, ATTACHMENT C)~~											X		X		X													X			

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SCHEDULE IV — TRANSACTIONS

Name ROBERT CANNON HAYES

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	GLENAYRE TECHNOLOGIES INC., STOCK	X	X		1-5-98 PURCHASE 4-24-98 SALE	X									
SP	GLENAYRE TECHNOLOGIES INC., STOCK	X	X		1-5-98 PURCHASE 4-24-98 SALE	X									
	AGRI BIOTECH INC., STOCK	X			3-13-98, 8-4-98 8-31-98			X							
	AGRI BIOTECH INC., STOCK		X		8-7-98		X								
SP	AGRI BIOTECH INC., STOCK	X			5-7-98, 7-27-98 8-31-98				X						
SP	UNIFI INC., STOCK		X		8-26-98		X								
SP	BB&T CORP., STOCK		X		4-27-98	X									
SP	CONOCO INC., CL A, STOCK	X			10-27-98		X								
SP	FANNIE MAE, STOCK		X		4-22-98	X									
SP	SPEEDWAY MOTORSPORTS, STOCK		X		4-22-98 10-20-98		X								
SP	TRIMBLE NAV, LTD, STOCK		X		4-22-98		X								
	LOT #11, BOXWOOD ESTATES, COUNTRYWOOD PLACE SE, CONCORD, NC 28025		X		1-29-98		X								
	SANDBURG HOUSE, BUTTER ROAD; CHARLOTTE, NC 28213		X		12-28-98		X								

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	MORGAN STANLEY DEAN WITTER	MARGIN LOAN		X								
	FIRST UNION NATIONAL BANK, CHARLOTTE, NC	COMMERCIAL LOAN						X				
	CENTRAL CAROLINA BANK; DURHAM, NC	COMMERCIAL LOAN				X						
	CENTRAL CAROLINA BANK, DURHAM, NC	MORTGAGE ON SANDBURG HOUSE			X							

SCHEDULE VI — GIFTS NONE

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name ROBERT CANNON HAYES	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT, DIRECTOR	MOUNT PLEASANT HOSIERY MILL, INC.

SCHEDULE IX — AGREEMENTS NONE

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

May 14, 1999

To Whom It May Concern:

Mr. Hayes earns a fraction of the income generated from these trusts. Securities and other assets held in these trusts are for the benefit of future owners, not Mr. Hayes.

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ACCT 1019854809

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/R C HAYES & W C CANNON
JR U/IR/A WITH C A CANNON DTD
12-5-51 #89

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		CASH & EQUIVALENTS					
		PRINCIPAL CASH				0.0	
		INCOME CASH				0.0	
		TOTAL CASH			0	0.0	
		TEMPORARY INVESTMENTS					
		VALIANT TAX-EXEMPT MONEY MKT FD CL A			1,639	3.8	
		TOTAL CASH & EQUIVALENTS			1,639	3.8	
		FIXED INCOME					
		MUNICIPALS					
100,000		CHARLOTTE NC RFDG BD DTD 7/15/93 BOOK ENTRY ONLY UT N/C 4.2% 02/01/1999	Aaa	07/21/93	4,200	4.2	100.10
20,000		HICKORY N C DTD 3/1/78 4% 03/01/1999	Aa3	03/29/82	800	4.0	100.17
100,000		MECKLENBURG CNTY N C RFDG BD DTD 3/1/92 BOOK ENTRY ONLY UT N/C 5.4% 03/01/2000	Aaa	06/12/92	5,400	5.3	102.57
100,000		ORANGE CNTY N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY (CALL 6/1/2003 @100.050) 5.1% 06/01/2004-2003	Aa1	05/19/93	5,100	4.8	105.42
50,000		CHARLOTTE NC WTR & SWR BD DTD 8/1/91 BEO UT (P/R @ 102; O/M 2/1/2005) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2005-2001	Aaa	07/24/91	3,250	6.0	107.81
100,000		GREENSBORO N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY UT (CALL 5/1/2003 @101) 5.1% 05/01/2005-2003	Aa1	06/02/93	5,100	4.8	105.43
50,000		DURHAM CNTY N C BD DTD 2/1/92 BEO UT (C 2/1/2002 @ 102) 5.75% 02/01/2006-2002	Aaa	01/14/92	2,875	5.3	107.54

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/R C HAYES & W C CANNON
JR U/IR/A WITH C A CANNON DTD
12-5-51 #89

ACCT 1019854809

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
50,000		DURHAM N C RFDG BOND DTD 2/1/92 BOOK ENTRY ONLY UT (CALL 2/1/2002 @ 102) 5.75% 02/01/2008-2002	Aa1	07/21/92	2,875	5.4	106.52
100,000		NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007	Aaa	03/05/97	5,200	4.8	108.12
100,000		DURHAM CNTY N C BD DTD 2/1/92 BOOK ENTRY (CALL 2/1/2002 @ 102) 5.75% 02/01/2010-2002	Aaa	06/16/92	5,750	5.3	107.54
50,000		CHARLOTTE NC BD DTD 8/1/98 OID PUB IMPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008	Aaa	07/14/98	2,375	4.7	101.94
		TOTAL MUNICIPALS			42,925	5.0	
		EQUITIES					
		COMMON STOCKS					
		BASIC INDUSTRY					
3,600		DU PONT E I DE NEMOURS & CO COM		01/20/88	5,040	2.6	53.06
		CONSUMER STAPLES					
4,000		KELLOGG CO COM		02/05/85	3,760	2.8	34.13
6,000		PHILIP MORRIS COS INC COM		01/20/88	10,560	3.3	53.50
		TOTAL CONSUMER STAPLES			14,320	3.1	
		TECHNOLOGY					
2,000		PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006		09/22/93	1,800	1.4	66.06
		ENERGY					
1,200		MOBIL CORP COM		09/22/93	2,736	2.6	87.13
3,200		ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25		01/20/88	4,365	2.8	47.88
1,400		TEXACO INC COM W/RTS ATTACHED EXP 05/01/2004		03/09/92	2,520	3.4	53.00

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/R C HAYES & W C CANNON
JR U/IR/A WITH C A CANNON DTD
12-5-51 #89

ACCT 1019854809

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		TOTAL ENERGY			9,621	2.9	
		UTILITIES					
2,000		DUKE ENERGY CORP CO COM W/RIGHTS ATTACHED EXPIRING 12/16/2008		01/20/88	4,400	3.4	64.06
		INTEREST SENSITIVE					
1,795		AMERICAN INTL GRP INC COM		02/05/85	850	0.2	96.63
2,400		FANNIE MAE COM		09/22/93	2,304	1.3	74.00
		TOTAL INTEREST SENSITIVE			3,154	0.6	
		TOTAL COMMON STOCKS			38,335	2.1	
		OTHER ASSETS & LIABILITIES					
		CONTRACTS, NOTES, MORTGAGES					
		PROMISSORY NOTE DTD 9/16/92 FM ROBERT C HAYES P&I DUE QTRLY BEG 12/15/92 SECD BY CONN MUTUAL LIFE INS CO POL #4,611,729 6.45% 09/15/2001			6,989	6.5	
		TOTAL FUND			89,888	3.2	

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE WITH WINSLOW A HAYES &
W C CANNON JR I/IR/A WITH
CA CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		CASH & EQUIVALENTS					
		PRINCIPAL CASH				0.0	
		INCOME CASH				0.0	
		TOTAL CASH			0	0.0	
		TEMPORARY INVESTMENTS					
		VALIANT TAX-EXEMPT MONEY MKT FD CL A			5,178	3.8	
		TOTAL CASH & EQUIVALENTS			5,178	3.8	
		EQUITIES					
		COMMON STOCKS					
		BASIC INDUSTRY					
6,600		CSX CORP COM W/RTS EXP 6/8/2008		03/22/88	7,920	2.9	41.50
2,887		SONOCO PRODS CO COM		10/07/93	2,079	2.4	29.63
		TOTAL BASIC INDUSTRY			9,999	2.8	
		CAPITAL GOODS					
12,800		GENERAL ELEC CO COM		05/19/61	17,920	1.4	102.00
2,200		MINNESOTA MNG & MFG CO COM		12/15/87	4,840	3.1	71.13
		TOTAL CAPITAL GOODS			22,760	1.6	
		CONSUMER STAPLES					
3,000		NESTLE S A SPONSORED ADR REPSTG REG SH		03/09/92	2,826	0.9	108.85
24,000		PHILIP MORRIS COS INC COM		08/05/85	42,240	3.3	53.50
13,600		SARA LEE CORP COM W/RTS ATTACHED EXP 05/31/2008		12/15/87	6,800	1.8	28.19

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE WITH WINSLOW A HAYES &
W C CANNON JR I/IR/A WITH
CA CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		TOTAL CONSUMER STAPLES			51,866	2.6	
		CONSUMER CYCLICALS					
10,000		AGRIBIOTECH INC NEW COM		08/26/98	0	0.0	12.94
10,000		FORD MTR CO DEL COM		04/05/84	18,400	3.1	58.69
9,000		MCDONALDS CORP COM		08/05/85	3,240	0.5	76.81
400		WASHINGTON POST CO CL B COM		07/15/88	2,000	0.9	577.94
		TOTAL CONSUMER CYCLICALS			23,640	1.4	
		TECHNOLOGY					
16,000		PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006		10/26/84	14,400	1.4	66.06
		HEALTH CARE					
5,200		BRISTOL-MYERS SQUIBB CO COM		05/06/82	8,944	1.3	133.81
8,100		MERCK & CO INC COM		02/05/85	17,496	1.5	147.50
12,800		PFIZER INC COM W/RTS ATTACHED EXP 10/15/2007		05/06/82	11,264	0.7	125.00
		TOTAL HEALTH CARE			37,704	1.1	
		ENERGY					
9,600		ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25		03/22/88	13,094	2.8	47.88
		UTILITIES					
1,000		DUKE ENERGY CORP CO COM W/RIGHTS ATTACHED EXPIRING 12/16/2008		12/15/87	2,200	3.4	64.06
		INTEREST SENSITIVE					
7,593		AMERICAN INTL GRP INC COM		02/05/85	1,701	0.2	96.63
5,240		ASSOCIATES FIRST CAP CORP CL A W/RTS ATTCHED EXP 4/13/2008		04/05/84	1,153	0.5	42.38
5,625		JEFFERSON-PILOT CORP COM W/RIGHTS ATTACHED EXP 2/8/2009		08/04/93	6,638	1.6	75.00

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ROBERT C HAYES TRUST
FIRST UNION NATIONAL BANK
CO-TTEE WITH WINSLOW A HAYES &
W C CANNON JR I/IR/A WITH
CA CANNON DTD 5-12-53 #108

ACCT 1019854916

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		TOTAL INTEREST SENSITIVE			9,492	0.7	
		TOTAL COMMON STOCKS			185,155	1.6	
		OTHER ASSETS & LIABILITIES					
		CONTRACTS, NOTES, MORTGAGES					
		PROMISSORY NT DTD 10/9/96 FROM ROBERT C HAYES SECD BY LIFE INS MASS MUTUAL POL #200-70576880-RH 6% 10/09/1999			104,945	6.0	
		REAL ESTATE					
1		CABIN ON 13.075+- ACRES, LAKE COUNTY, MINNESOTA		09/05/90	0	0.0	18,610.89
1		13,043.40 + ACRES TIMBERLAND, LAKE COUNTY, MINNESOTA		02/27/89	0	0.0	365,733.53
1		40+- ACRES INCL 2 CABINS SE 1/4 OF SE 1/4, SECTION 7, TWP. 59 N., RANGE 10 WEST, LAKE CO., MN.		09/05/90	0	0.0	21,634.50
1		TIMBER LOCATED ON 13.075+- ACRES LAKE COUNTY MINNESOTA		02/27/89	0	0.0	736,703.47
1		5 ACRES & HOUSE, 1975 HWY 73 EAST, CONCORD, NC CABARRUS CNTY (SFD-IP)		08/21/95	0	0.0	92,000.00
1		LOT 78 BELLEVUE SECTION (NIP) BRAYS ISLAND, SC 29941		02/24/97	0	0.0	160,000.00
		TOTAL REAL ESTATE			0	0.0	
		LIABILITIES					
		LIAB:SPECIAL FACILITIES CHARGE AGREEMENT AND PROM NOTE RELATED TO THE SAND LAKE LINE-EXTENSION CONSTRUCTION LAKE CO MN			0	0.0	
		TOTAL OTHER ASSETS & LIABILITIES			104,945	3.3	

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ G A BATTE JR. R C
HAYES. HARRIET C CRAWFORD & W C
CANNON. JR FBO ROBERT C HAYES

ACCT 101373171

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		CASH & EQUIVALENTS					
		PRINCIPAL CASH				0.0	
		INCOME CASH				0.0	
		TOTAL CASH			0	0.0	
		TEMPORARY INVESTMENTS					
		VALIANT TAX-EXEMPT MONEY MKT FD CL A			13,782	3.8	
		TOTAL CASH & EQUIVALENTS			13,782	3.8	
		FIXED INCOME					
		MUNICIPALS					
50,000		ORANGE CNTY N C DTD 5/1/89 7.1% 05/01/1999	NR	04/04/89	3,550	7.0	101.34
285,000		ROBESON CNTY N C RFDG BD DTD 3/1/94 AMBAC BEO UT N/C 4.5% 02/01/2000	Aaa	02/08/94	12,825	4.4	101.48
500,000		MECKLENBURG CNTY N C RFDG BD DTD 3/1/92 BOOK ENTRY ONLY UT N/C 5.4% 03/01/2000	Aaa	10/03/96	27,000	5.3	102.57
200,000		DURHAM & WAKE CNTYS N C SPL ARPT DIST RFDG BOND DTD 5/1/92 BOOK ENTRY ONLY UT N/C 5.75% 04/01/2000	Aaa	10/03/96	11,500	5.6	103.11
40,000		MECKLENBURG CNTY N C BD DTD 4/1/90 BEO UT REFUNDED FROM AN ISSUE DTD 10/1/93 (O/M 4/1/2002; P/R @ 101) 6.75% 04/01/2000-2000	Aaa	10/03/96	2,700	6.4	105.21
200,000		WINSTON-SALEM N C WTR & SWR SYS REV BD DTD 10/1/95 SER B 4.5% 06/01/2001	Aa2	10/05/95	9,000	4.4	102.29
200,000		NORTH CAROLINA ST BD DTD 3/1/92 SER A PRISON & YOUTH SVCS FACS BEO (P/R @ 102; O/M 3/1/2006) REFUNDED FROM AN ISSUE DTD 10/15/93 6.1% 03/01/2002-2002	Aaa	03/18/92	12,200	5.6	109.00

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ G A BATTE JR, R C
HAYES, HARRIET C CRAWFORD & W C
CANNON, JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
600,000		NORTH CAROLINA ST CAP IMPT BD DTD 10/1/91 BEO REOF @98.829 TO YLD 5.75% N/C 5.6% 04/01/2002	Aaa	09/25/91	33,600	5.3	106.11
100,000		CHARLOTTE NC RFDG BD DTD 8/15/92 BEO UT N/C 5.2% 07/01/2002	Aaa	08/26/92	5,200	4.9	105.15
100,000		GUILFORD CNTY N C VAR PURP BD DTD 2/1/91 BEO REOF @99.121 TO YLD 6.3% UT (C 2/1/2001 @ 101.5) 6.2% 02/01/2004-2001	Aa1	10/03/96	6,200	5.8	106.75
400,000		ORANGE CNTY N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY (CALL 6/1/2003 @100.050) 5.1% 06/01/2004-2003	Aa1	10/03/96	20,400	4.8	105.42
450,000		CHARLOTTE NC PUB IMPT BD DTD 8/1/91 BEO UT (P/R @ 102; O/M 2/1/2005) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2005-2001	Aaa	10/03/96	29,250	6.0	107.81
100,000		DURHAM N C PUB IMPT BD DTD 2/1/92 BK ENTRY ONLY UT (CALL 2/1/2002 @ 101.5) 5.9% 02/01/2005-2002	Aa1	01/29/92	5,900	5.5	107.53
100,000		DURHAM CNTY N C RFDG BOND DTD 9/1/92 BOOK ENTRY ONLY UT (CALL 3/1/2002 @ 101.5) 5.2% 03/01/2005-2002	Aaa	08/11/92	5,200	4.9	105.12
300,000		RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY (CALL 3/1/2001 @ 102) 6.4% 03/01/2005-2001	Aaa	10/03/96	19,200	5.9	107.76
100,000		GREENSBORO N C BD DTD 6/1/93 RFDG BOOK ENTRY ONLY UT (CALL 5/1/2003 @101) 5.1% 05/01/2005-2003	Aa1	06/02/93	5,100	4.8	105.43
50,000		CATAWBA CNTY N C SCHOOL & COMMUNITY COLL BD DTD 6/1/94 BEO UT (C 6/1/2004 @ 100.5) 5.7% 06/01/2005-2004	Aa2	10/03/96	2,850	5.2	108.82
300,000		CHARLOTTE NC PUB IMPT BD DTD 8/1/91 BEO UT (P/R @ 102; O/M 2/1/2006) REFUNDED FROM AN ISSUE DTD 7/15/93 6.5% 02/01/2006-2001	Aaa	07/23/91	19,500	6.0	107.81
400,000		DURHAM CNTY N C BD DTD 2/1/92 BEO UT (C 2/1/2002 @ 102) 5.75% 02/01/2006-2002	Aaa	01/14/92	23,000	5.3	107.54
235,000		DURHAM N C PUB IMPT BD DTD 2/1/92 BK ENTRY ONLY UT (CALL 2/1/2002 @ 102) 5.9% 02/01/2006-2002	Aa1	01/29/92	13,865	5.5	107.97

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ACCT 1013731712

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ G A BATTE JR. R C
HAYES. HARRIET C CRAWFORD & W C
CANNON. JR FBO ROBERT C HAYES

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
145,000		RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY UT(CALL 3/1/2001 @ 102) 6.4% 03/01/2006-2001	Aaa	06/14/91	9,280	5.9	107.76
370,000		CARY N C WTR BD DTD 10/1/91 BK ENTRY ONLY UT BK QUALIFIED(CALL 4/1/2001 @ 102) 5.9% 04/01/2006-2001	Aaa	09/24/91	21,830	5.5	106.90
250,000		MECKLENBURG CNTY N C PUB IMPT BD DTD 4/1/94 BEO UT (C 4/1/2004 @ 101) 5.4% 04/01/2006-2004	Aaa	03/16/94	13,500	5.0	107.45
100,000		NORTH CAROLINA ST CLEAN WTR BD DTD 10/1/94 SER A BEO UT (C 6/1/2004 @ 101) 5.75% 06/01/2006-2004	Aaa	12/07/94	5,750	5.3	109.36
125,000		RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY;UT(CALL 3/1/2001 @ 102) 6.4% 03/01/2007-2001	Aaa	03/05/91	8,000	5.9	107.81
300,000		CARY N C WTR BD DTD 10/1/91 BK ENTRY ONLY UT BK QUALIFIED(CALL 4/1/2001 @ 102) 6% 04/01/2007-2001	Aaa	09/24/91	18,000	5.6	107.12
300,000		ORANGE CNTY N C BD DTD 5/1/91 BK ENTRY ONLY;BK QUALIFIED(CALL 5/1/2001 @ 102) 6.4% 05/01/2008-2001	NR	04/23/91	19,200	5.9	108.18
100,000		CHARLOTTE NC WTR & SWR BD DTD 6/1/92 BEO UT (P/R @ 102; O/M 6/1/2008) REFUNDED FROM AN ISSUE DTD 9/15/95 6.2% 06/01/2008-2002	Aaa	10/03/96	6,200	5.6	109.76
50,000		NORTH CAROLINA ST BD DTD 3/1/97 SER A BEO (C 3/1/2007 @101) 5.2% 03/01/2009-2007	Aaa	03/05/97	2,600	4.8	108.12
125,000		RALEIGH N C BOND DTD 3/1/91 BK ENTRY ONLY UT(CALL 3/1/2001 @ 102) 6.5% 03/01/2009-2001	Aaa	03/05/91	8,125	6.0	108.02
200,000		NORTH CAROLINA ST BD DTD 04/1/98 SER A BEO REOF @ 101.899 TO YLD 4.53% (C 04/1/2008 100) 4.75% 04/01/2009	Aaa	03/18/98	9,500	4.5	104.97
50,000		NORTH CAROLINA ST BD DTD 1/1/97 BEO OID REOF @99.515 TO YLD 5.15% (C 6/1/2006 @ 102) 5.1% 06/01/2010-2006	Aaa	01/15/97	2,550	4.8	106.99
300,000		CHARLOTTE NC BD DTD 8/1/98 OID PUB IMPT SER A (C 2/1/2008 @ 102) 4.75% 02/01/2013-2008	Aaa	07/14/98	14,250	4.7	101.94

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ G A BATTE JR, R C
HAYES, HARRIET C CRAWFORD & W C
CANNON, JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		TOTAL MUNICIPALS			406,825	5.4	
		EQUITIES					
		COMMON STOCKS					
		BASIC INDUSTRY					
4,200		DU PONT E I DE NEMOURS & CO COM		12/03/87	5,880	2.6	53.06
9,240		SONOCO PRODS CO COM		10/07/93	6,653	2.4	29.63
6,250		TEMPLE INLAND INC COM W/RIGHTS ATTACHED EXP 2/20/2009		06/13/86	8,000	2.2	59.31
7,500		UNION PAC CORP COM		06/13/90	6,000	1.8	45.06
		TOTAL BASIC INDUSTRY			26,533	2.2	
		CAPITAL GOODS					
40,000		GENERAL ELEC CO COM		03/28/84	56,000	1.4	102.00
8,000		MINNESOTA MNG & MFG CO COM		03/11/87	17,600	3.1	71.13
		TOTAL CAPITAL GOODS			73,600	1.6	
		CONSUMER STAPLES					
10,000		NESTLE S A SPONSORED ADR REPSTG REG SH		08/02/90	9,420	0.9	108.85
36,000		PHILIP MORRIS COS INC COM		05/01/86	63,360	3.3	53.50
		TOTAL CONSUMER STAPLES			72,780	2.4	
		CONSUMER CYCLICALS					
6,000		BANDAG INC CL A		01/29/85	6,840	3.3	34.88
22,750		FORD MTR CO DEL COM		08/25/83	41,860	3.1	58.69
18,000		MASCO CORP COM W/RIGHTS ATTACHED EXP 12/06/2005		06/10/85	7,920	1.5	28.75
		TOTAL CONSUMER CYCLICALS			56,620	2.7	

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

ACCT 1013731712

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ C A BATTE JR, R C
HAYES, HARRIET C CRAWFORD & W C
CANNON, JR FBO ROBERT C HAYES

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		TECHNOLOGY					

7,000		INTL BUSINESS MACHINES CORP COM		03/28/84	6,160	0.5	184.38
40,000		PITNEY-BOWES INC COM W/RTS ATTACHED EXP 02/20/2006		11/08/84	36,000	1.4	66.06
		TOTAL TECHNOLOGY			42,160	1.1	
		HEALTH CARE					

18,000		BRISTOL-MYERS SQUIBB CO COM		05/06/82	30,960	1.3	133.81
11,250		MERCK & CO INC COM		04/02/71	24,300	1.5	147.50
36,000		PFIZER INC COM W/RTS ATTACHED EXP 10/15/2007		05/06/82	31,680	0.7	125.00
		TOTAL HEALTH CARE			86,940	1.0	
		ENERGY					

8,000		AMOCO CORP COM		04/02/71	12,000	2.5	59.88
6,000		BURLINGTON RES INC COM W/RIGHTS ATTACHED EXPIRING 12/16/2008		07/15/83	3,300	1.5	35.81
12,000		EXXON CORP COM		04/02/71	19,680	2.2	73.13
7,500		MOBIL CORP COM		06/13/90	17,100	2.6	87.13
19,000		ROYAL DUTCH PETE CO NY REGISTRY SH PAR N GLDR 1.25		06/13/90	25,916	2.8	47.88
6,352		UNION PACIFIC RES GRP COM		06/13/90	1,270	2.2	9.06
		TOTAL ENERGY			79,266	2.5	
		UTILITIES					

1,332		CT COMMUNICATIONS INC CL B		06/08/76	2,611	1.1	175.00
5,850		DUKE ENERGY CORP CO COM W/RIGHTS ATTACHED EXPIRING 12/16/2008		08/16/88	12,870	3.4	64.06
4,172		EL PASO ENERGY CORP DEL COM		07/15/83	3,192	2.2	34.81
13,970		GTE CORP COM		05/06/82	26,264	2.9	65.00
14,475		WISCONSIN ENERGY CORP COM		03/11/87	22,581	5.0	31.44
		TOTAL UTILITIES			67,518	3.2	

ROBERT CANNON HAYES

SCHEDULE OF INVESTMENTS

C A CANNON (322) TRUST
FIRST UNION NATIONAL BANK
CO-TTEE W/ G A BATTE JR, R C
HAYES, HARRIET C CRAWFORD & W C
CANNON, JR FBO ROBERT C HAYES

ACCT 1013731712

ASSETS HELD 12/31/98
VALUED AS OF 12/31/98

SHARES OR FACE AMOUNT	PLG COD	DESCRIPTION	BOND RTNG	LATEST ACQ DATE	EST INC	CURR YLD	UNIT MARKET
		INTEREST SENSITIVE					
22,733		AMERICAN INTL GRP INC COM		01/29/85	5,316	0.2	96.63
11,924		ASSOCIATES FIRST CAP CORP CL A W/RTS ATTCHED EXP 4/13/2008		08/25/83	2,623	0.5	42.38
16.63		BERKSHIRE HATHAWAY INC DEL CL A		12/31/98	0	0.0	70,000.00
69,256		FIRST CHARTER CORP COM		04/02/71	47,094	3.9	17.25
		TOTAL INTEREST SENSITIVE			55,033	1.1	
		TOTAL COMMON STOCKS			560,450	1.7	
		CLOSELY HELD EQUITIES					
		UTILITIES					
1,669		CT COMMUNICATIONS INC COM VTG W/RIGHTS ATTACHED EXP 8/27/2008		04/02/71	3,204	1.4	133.00
		TOTAL EQUITIES			563,654	1.7	
		TOTAL FUND			984,261	2.3	

SCHEDULE III, ATTACHMENT C

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

John David Hayworth, Jr.
(Full Name)

1023 Longworth H.O.B.
Washington, DC 20515
(Mailing Address)

Daytime Telephone 202/225-2190

Filer Status	[X] Member of the U.S. House of Representatives — State AZ District 06	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John David Hayworth Jr.

DATE (Month/Day/Year): 5/14/99

1612

SCHEDULE IV — TRANSACTIONS

Name J. D. Hayworth | Page 2 of 2

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP, DC, JT	Asset															
SP	*Example:*	Mega Corporation Common Stock	X			10–12–98		X								
	Sea Crest at Hilton Head (timeshare)			X		7-17-98	X									

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

JOEL M. HEFLEY
(Full Name)

Rm. 2230 RHOB
(Mailing Address)

(202) 225-4422
Daytime Telephone

WASH. D.C. 20515

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives — State CO. Distrct 5TH	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [✓] No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [✓]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [✓]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [✓]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [✓] No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [✓]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [✓]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [✓] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ] No [✓]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ] No [✓]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joel Hefley

DATE (Month/Day/Year) 5-13-99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	SPOUSE:		
	TRIPLE Diamond Limited (personally owned small business)	Bus. income	
	Property management	% of Rents	
	S Tienmark	Salary	
	Co. STATE Legislature	Salary	

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joel Hefley

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A		BLOCK B												BLOCK C							BLOCK D											BLOCK E
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP		SP	Mega Corp Stock				X								X										X								P
DC	*Examples:*		Simon & Schuster		Indefinite																Royalties									X			
JT			1st Bank of Paducah, KY accounts					X									X										X						
JT	Partners Nat'l MPs N. Hancock St. Co. Sp. (1/6)						X									X									X								
JT	Friendship Pl. MPs. (1/2) Friendship Pl. Co. Sp. Co.					X										X									X								
	Piper Jaffery & Hopwood Nat'l. 25 N. Cascade Av. Co. Sp., Co.					X											X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOEL HEFLEY

Page 4 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST / Prime	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	NOTE ON OK. FARM				X											X										X						
	N. MACARTHUR, Edmond, Ok.																															
	Public Employee Retirement ass				X															A Annuity												
	Teachers US. Annuity Asso.							X												Annuity												
	~~[illegible]~~																															
	Cong. Fed. Credit union				X											X																

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
JT	Jim Burton	1/6 mortgage on Parkmore Apts. Hancock St. Co. Sp., Co.		X								
JT	Lomas Co. - Dallas, Tex.	1/2 mortgage on Friendship Apts. Friendship Pl., Co. Sp., Co.		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

JOEL HEFLEY
COLORADO
FIFTH DISTRICT

HAND DELIVERED

COMMITTEES
ARMED SERVICES
SMALL BUSINESS
RESOURCES

Congress of the United States
House of Representatives

The Honorable Jeff Trandahl
Clerk, U.S. House of Representatives
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515

MC

Re: Financial Disclosure Statement for 1998

Dear Mr. Trandahl:

In preparing my Financial Disclosure Statement for 1998, I inadvertently neglected to mark a response in the Preliminary Information Section on the first page of the form. In response to Question IV, I should have marked "NO" since I had no reportable transactions during the reporting period. Please consider this letter an amendment to my statement, previously filed on May 13, 1999.

Sincerely,

Joel Hefley
Member of Congress

WASHINGTON OFFICE
2230 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4422

COLORADO SPRINGS OFFICE:
104 SOUTH CASCADE, SUITE 105
COLORADO SPRINGS, CO 80903
(719) 520-0055

ENGLEWOOD OFFICE:
8059 SOUTH QUEBEC, SUITE 103
ENGLEWOOD, CO 80111
(303) 843-0401

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 4:40
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
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HC
(Office Use Only)

(6)

Walter William Herger, Jr.
(Full Name)

2433 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3076

Filer Status: [X] Member of the U.S. House of Representatives — State: CA District: 02 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wally Herger

DATE (Month/Day/Year): 5-13-99

1620

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Fairfax County	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Walter William Herger, Jr. | Page 3 of 6

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block.	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
1120 4th Ave. (Rio Oso, CA)	$100,001 - $250,000	Rent	$15,001 - $50,000	NA
Herger Ranch (Rio Oso, CA)	$1,000,001 - $5,000,000	Rent	$5,001 - $15,000	NA
Herger Gas, Inc. (Rio Oso, CA)	$1,000,001 - $5,000,000	S-corp Allocation	$100,001 - $1,000,000	NA
Smith Barney, Inc.	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
Wright Patman Credit Union	$15,001 - $50,000	Interest	$201 - $1,000	NA
Nation's Bank (Springfield, VA)	$50,001 - $100,000	Interest	$5,001 - $15,000	NA

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Home Savings of America - Marysville, CA	Personal Loan	$50,001 - $100,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Klamath Alliance for Resources & Development	June 12-13	WDC - Redding (CA) - WDC	Y	Y	Y	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I

Position	Organization
Director (Uncompensated)	Herger Gas, Inc. (Propane Gas Distribution, Rio Oso, CA)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
99 MAY -5 PM 1:17
OFFICE OF THE CLERK
HAND DELIVERED
HC
(3)
(Office Use Only)

Baron P. Hill
(Full Name)

P.O. Box 1071
(Mailing Address)
Seymour IN 47274

Daytime Telephone:
202-225-5315

Filer Status	[X] Member of the U.S. House of Representatives	State: IN District: 09	[ ] Officer or Employee	Employing Office:	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:	

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL Baron P. Hill

DATE (Month/Day/Year) 5/05/99

1626

Name Baron P. Hill | Page 1 of 4

SCHEDULE I. EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Merrill Lynch	Salary	$45,000.00
	Seymour Community Schools--Seymour, IN	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples:* SP 123 Main St., Dover, Del.	Mega Corp. Stock 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
JT	Merrill Lynch Stock	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Merrill Lynch Growth	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Merrill Lynch Basic	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Merrill Lynch Capital	$1,001 - $15,000	Dividends	$1 - $200	NA
JT	Bonds in Public Employees Retirement Fund (PERF)	$15,001 - $50,000	Interest	$1,001 - $2,500	NA
	*All Merrill Lynch stock and mutual funds are in a 401-K self-directed account and remain with Merrill Lynch, No contributions are being made.				

Name Baron P. Hill	Page 3 of 4

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
JT	Apple Common Stock	Sold	3/11/1998	$1,001 - $15,000
JT	Micron Technology Common Stock	Sold	2/25/1998	$1,001 - $15,000
JT	Novell Common Stock	Sold	11/9/1998	$1,001 - $15,000
SP	Summit Properties REIT	Sold	6/29/1998	$1,001 - $15,000

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
Financial Consultant	Merrill Lynch

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Rick Hill, M.C.
(Full Name)

1609 Longworth HOB
(Mailing Address)

Washington DC 20515
Daytime Telephone 202-225-3211

MC HAND DELIVERED 9
(Office Use Only)

Filer Status: [X] Member of the U.S. House of Representatives — State MT District (1) — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? — Yes [ ] No [X]
If yes, complete and attach Schedule I.

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule II.

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? — Yes [X] No [ ]
If yes, complete and attach Schedule III.

IV. Did you, your spouse, or dependent child purchase, sell or exchange any reportable asset worth more than $1,000 in the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule IV.

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? — Yes [X] No [ ]
If yes, complete and attach Schedule V.

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? — Yes [ ] No [X]
If yes, complete and attach Schedule VI.

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (with more than $250 from one source)? — Yes [X] No [ ]
If yes, complete and attach Schedule VII.

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? — Yes [X] No [ ]
If yes, complete and attach Schedule VIII.

IX. Did you have any reportable agreement or arrangement with an outside entity? — Yes [ ] No [X]
If yes, complete and attach Schedule IX.

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

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SIGNATURE OF REPORTING INDIVIDUAL: Rick Hill

DATE (Month/Day/Year): 5/17/99

1631

Name Rick Hill, M.C | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1998 Aug. 13, 1998	$2,000 $ 500
	Fireman's Fund Insurance Co	Speech	3/24/98	$500.00

Name Rick Hill, M.C. | Page 1 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left	at close of reporting year If you use a valuation method other than fair market value, please specify the method used If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
	For further information, see instructions, pages 14-20.				
SP DC JT	*Examples* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Contra Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fidelity Low Price Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Nuveen Fund - NMO	$50,001 - $100,000	Interest	$5,001 - $15,000	
	U. S. Treasury Bonds	$15,001 - $50,000	Interest	$2,501 - $5,000	
JT	Composite Cash Mgmt. Acct	$100,001 - $250,000	Interest	$2,501 - $5,000	
	F & G Life Annuity	$50,001 - $100,000	Interest	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Boeing Company	$1,001 - $15,000	Dividends	$201 - $1,000	
	GTE	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	GT Global E. European Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	Sears Roebuck & Company	$1,001 - $15,000	Dividends	$1 - $200	
	Tyco International (formerly US Surgical)	$1,001 - $15,000	Dividends	$1 - $200	
	Baker Fentress & Company	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Pacific American Shares	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Lot 28-Cloverview Sub-Apts.	$500,001 - $1,000,000	Rent	$50,001 - $100,000	
	Unit 2C-Arcade Bldg-Helena	$100,001 - $250,000	Rent	$5,001 - $15,000	
	Unit 2B-Arcade Bldg-Helena	$50,001 - $100,000	Rent	$5,001 - $15,000	
	Unit 3D-Arcade Bldg-Helena	$15,001 - $50,000	Rent	$2,501 - $5,000	
	Lower Level Partnership	$100,001 - $250,000	Rent	$5,001 - $15,000	
	InsureWest, Inc.	$50,001 - $100,000	Dividends	$5,001 - $15,000	
JT	Red Letter Mining Claim	$50,001 - $100,000	None	None	
JT	Financial Corp. of Santa Barbara	None	None	None	
	Note Receivable-InsureWest	$1,001 - $15,000	Interest	None	
SP	Carnival Cruise Lines	$1,001 - $15,000	Dividends	$1 - $200	
	Due from R. Hill for Congress Campaign	$15,001 - $50,000	Interest	None	
	Oppenheimer QSC	$15,001 - $50,000	Dividends	$2,501 - $5,000	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Peco Energy	$1,001 - $15,000	Dividends	$1 - $200	
	Congressional Fed. Credit Union	$50,001 - $100,000	Interest	$1,001 - $2,500	
	NW Bank (accounts)	$1 - $1,000	Interest	$1 - $200	
	Condominium, Palm Desert, CA	$100,001 - $250,000	Rent	$5,001 - $15,000	P

Name Rick Hill, M.C	Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Condominium, Palm Desert, California	Purchase	January, 1998	$100,001 - $250,000

Name Rick Hill, M.C	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Helena Financial Services (Helena, MT)	Mortgage-Suite 2C-Arcade	$15,001 - $50,000
	SBA (Denver, CO)	Mortgage-Suite2B-Arcade	$10,001 - $15,000
	Glacier Bank (Kalispell ,MT)	Mortgage-12th Tee Apts.	$250,001 - $500,000
	InsureWest, Inc. (Helena ,MT)	Loan - Personal	$15,001 - $50,000
	Washington Mutual (Palm Desert, CA)	Mortgage-619 Largo Vista Circle	$50,001 - $100,000

Name Rick Hill, M.C.	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Stillwater Mining Co		July 1, 1998	Nye, MT-East Boulder	N	Y	N	None

Name Rick Hill, M C | Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	InsureWest, Inc.
Partner	12th Tee Apts.
Partner	Lower Level Partnership
Proprietor	Hill Properties

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

Rick Hill, M.C.
(Full Name)

1609 Longworth HOB
(Mailing Address)

Washington DC 20515

Daytime Telephone: 202-225-3211

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State MT District 00	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [X] No [ ]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Rick Hill

DATE (Month/Day/Year): 5-18-99

1640

Name Rick Hill, M.C. | Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	Fireman's Fund Insurance Co.	Speech	3/24/98	$500.00

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP, DC, JT *Examples.* SP	Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Contra Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Fidelity Low Price Stock Fund	$15,001 - $50,000	Capital Gains and Dividends	$1,001 - $2,500	
	Nuveen Fund - NMO	$50,001 - $100,000	Interest	$5,001 - $15,000	
	U. S. Treasury Bonds	$15,001 - $50,000	Interest	$2,501 - $5,000	
JT	Composite Cash Mgmt. Acct.	$100,001 - $250,000	Interest	$2,501 - $5,000	
	F & G Life Annuity	$50,001 - $100,000	Interest	$1,001 - $2,500	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Boeing Company	$1,001 - $15,000	Dividends	$201 - $1,000	
	GTE	$15,001 - $50,000	Dividends	$1,001 - $2,500	
	GT Global E. European Fund	$1,001 - $15,000	Capital Gains and Dividends	$1,001 - $2,500	
	Sears Roebuck & Company	$1,001 - $15,000	Dividends	$1 - $200	
	Tyco International (formerly US Surgical)	$1,001 - $15,000	Dividends	$1 - $200	
	Baker Fentress & Company	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Pacific American Shares	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
JT	Lot 28-Cloverview Sub-Apts.	$500,001 - $1,000,000	Rent	$2,501 - $5,000 Net $50,001 - $100,000 Gross	
	Unit 2C-Arcade Bldg-Helena	$100,001 - $250,000	Rent	$1,001 - $2,500 Net $15,001 - $50,000 Gross	
	Unit 2B-Arcade Bldg-Helena	$50,001 - $100,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Unit 3D-Arcade Bldg-Helena	$15,001 - $50,000	Rent	$1,001 - $2,500 Net $5,001 - $15,000 Gross	
	Lower Level Partnership	$100,001 - $250,000	Rent	$5,001 - $15,000	
	InsureWest, Inc.	$50,001 - $100,000	Dividends	$5,001 - $15,000	
JT	Red Letter Mining Claim	$50,001 - $100,000	None	None	
JT	Financial Corp. of Santa Barbara	None	None	None	
	Note Receivable-InsureWest	$1,001 - $15,000	Interest	None	
SP	Carnival Cruise Lines	$1,001 - $15,000	Dividends	$1 - $200	
	Due from R. Hill for Congress Campaign	$15,001 - $50,000	Interest	None	
	Oppenheimer QSC	$15,001 - $50,000	Dividends	$2,501 - $5,000	

Name Rick Hill, M.C	Page 3 of 3

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Peco Energy	$1,001 - $15,000	Dividends	$1 - $200	
	Congressional Fed. Credit Union	$50,001 - $100,000	Interest	$1,001 - $2,500	
	NW Bank (accounts)	$1 - $1,000	Interest	$1 - $200	
	Condominium, Palm Desert, CA	$100,001 - $250,000	Rent	$1 - 200 00 Net $5,001 - $15,000 Gross	P

Name Rick Hill, M C

Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Condominium, Palm Desert, California	Purchase	January, 1998	$100,001 - $250,000

Name Rick Hill, M C	Page 1 of 1

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000

SP DC JT	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Helena Financial Services (Helena, MT)	Mortgage-Suite 2C-Arcade	$15,001 - $50,000
	SBA (Denver, CO)	Mortgage-Suite2B-Arcade	$10,001 - $15,000
	Glacier Bank (Kalispell ,MT)	Mortgage-12th Tee Apts.	$250,001 - $500,000
	InsureWest, Inc. (Helena ,MT)	Loan - Personal	$15,001 - $50,000
	Washington Mutual (Palm Desert, CA)	Mortgage-619 Largo Vista Circle	$50,001 - $100,000

Name Rick Hill, M.C	Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug.6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Stillwater Mining Co.	July 1, 1998	Nye, MT-East Boulder	N	Y	N	None

Name: Rick Hill, M C	Page 1 of 1

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Organization
President	InsureWest, Inc.
Partner	12th Tee Apts
Partner	Lower Level Partnership
Proprietor	Hill Properties

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE
(Office Use Only)

(H)

EARL FREDERICK HILLIARD
(Full Name)

1314 Longworth House Office Building
(Mailing Address)

Washington DC 20515
(Mailing Address)

Daytime Telephone (202) 225-2665

Filer Status	[X] Member of the U S House of Representatives	State: AL District: 07	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS--Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.)	Yes [ ]	No [X]
EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001)

SIGNATURE OF REPORTING INDIVIDUAL Earl F. Hilliard

DATE (Month/Day/Year) 6/15/99

Name EARL FREDERICK HILLIARD | Page 2 of 7

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium
A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1994	$2,000
XYZ Magazine	Article	Aug 13, 1994	$500
Interdenominational Association of Churches, Inc., Gadsden, AL	Speech	04/13/98	$ 400
First Christian Methodist Episcopal Church, Montgomery, AL	Speech	08/12/98	$ 200
St John Baptist Church, Birmingham, AL	Speech	08/24/98	$ 150
Huntsville-Madison County Chapter Blacks In Government, Huntsville, AL	Speech	11/18/98	$ 250

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples:* SP 123 Main St., Dover, Del. JT 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
American Trust Corp. (30.5% interest by virtue of Hilliards & Company owning 100% of ATC)	$15,001 - $50,000		None - $200	P

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20-21.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/94	$15,001 - $50,000
	1306 Pennsylvania Ave., S.E., Washington, D.C. (Purchased in the name of American Trust Corp. - MC has 30.05% interest in ATC)	Purchase	06/15/98	$100,001 - $250,000

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del	$100,001 - $250,000
	National Bank of Commerce	Business Loan	$100,001 - $250,000
	Federal Retirement Thrift Investment Board	Business Loan	$15,001 - $50,000
	Paul Pizza, Port Orange, FL	Business Mortgage on 1306 Pennsylvania Ave., S.E. Washington, DC	$100,001 - $250,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments; or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
The Faith & Politics Institute	March 6-8	Birmingham-Montgomery-Selma, AL & return	Y	Y	N	No

SCHEDULE VIII -- POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, page 26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Organization
Chairman of the Board	Hilliards and Company, Inc
Chairman of the Board	American Trust Communication Corporation
Chairman of the Board	American Trust Corporation
Director	African American United Fund, Inc.
Director	World Center for Democracy, Inc
Director	The Elected and Appointed Officials Educational and Legal Defense Fund, Inc
Trustee	The Emma L. Bower Foundation for Minority Interest in Media, Inc
Vice President	Birmingham Morehouse College Alumni Club, Inc
Trustee	Tuskegee University
Trustee	Miles College Law School
Trustee	Selma University
Director	Birmingham Greater Golf Associates, Inc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
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(4)

MC HAND DELIVERED
(Office Use Only)

MAURICE D. HINCHEY
(Full Name)

2431 RAYBURN BLDG.
(Mailing Address)

WASAINGTON, DC 20515

Daytime Telephone: 202-225-6335

Filer Status	[X] Member of the U.S. House of Representatives	State: NEW YORK District: 26th	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maurice D. Hinchey

DATE (Month/Day/Year): May 13, 99

1656

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	STATE OF NEW YORK	STATE PENSION	32,734

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MAURICE D. HINCHEY

Page 3 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E P, S, E
SP	Mega Corp. Stock					X								X																		P
SP	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X																
	ALFACELL COMMON STOCK			X																												
	PRUDENTIAL IRA				X																											
	VARIABLE INVESTMENT PLAN																															

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
ARAB AMERICAN INSTITUTE		01/04 – 01/10	DC - BEIRUT, LEBANON - DAMASCUS, SYRIA - DC	Y	Y	N	N
INTERNATIONAL MANAGEMENT & DEVELOPMENT INSTITUTE		02/15 – 02/20	DC - FRANKFURT, GERMANY - DC	Y	Y	Y	N

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MAURICE D. HINCHEY
26TH DISTRICT, NEW YORK

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES:
AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES
INTERIOR

JOINT ECONOMIC COMMITTEE

HAND DELIVERED

99 MAY 26 PM

Congress of the United States
House of Representatives
Washington, DC 20515–3226

WASHINGTON OFFICE
2431 RAYBURN BUILDING
WASHINGTON, DC 20515–3226
(202) 225–6335

BINGHAMTON OFFICE
100A FEDERAL BUILDING
BINGHAMTON, NY 13901
(607) 773–2768

KINGSTON OFFICE
291 WALL STREET
KINGSTON, NY 12401
(914) 331–4466

ITHACA OFFICE
123 S. CAYUGA ST., SUITE 201
ITHACA, NY 14850
(607) 273–1388

MONTICELLO OFFICE
(914) 791–7116

May 26, 1999

Honorable Jeff Trandahl
Clerk of the House
U.S. House of Representatives
Room B106 Cannon HOB
Washington, DC 20515

MC (2)

Dear Mr. Clerk:

Enclosed is an amendment to my financial disclosure for calendar year 1998. Schedule III is amended to reflect the type of income and amount of income for two assets listed on Schedule III.

Thank you for your assistance.

Sincerely,

Maurice D. Hinchey
Member of Congress

MDH:mp
Enclosures

PRINTED ON RECYCLED PAPER

AMENDMENT

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MAURICE L LINCLEY Page 3 of 4

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock				X									X																		P
	Simon & Schuster			Indefinite																Royalties												
	1st Bank of Paducah, KY accounts						X									X										X						
	ALFACELL COMMON STOCK			X										X			X				X											
	PRUDENTIAL IRA				X									X		X	X				X											
	VARIABLE INVESTMENT																															
	PLAN																															

For additional assets and unearned income, use next page.

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RUBEN E. HINOJOSA
(Full Name)

P.O. BOX 1075
(Mailing Address)

(202) 225-2531
Daytime Telephone

MERCEDES, TX 78570

MC MAY 17 1999 (1)
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: TEXAS District: 15TH	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ruben E. Hinojosa

DATE (Month/Day/Year): May 15, 1999

1662

Name RUBEN E. HINOJOSA | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	H & H FOODS	CONSULTING FEES	25,500
	FIRM CONSULTANTS INC.	SPOUSE NONEMPLOYEE COMPENSATION	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
N/A			

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Name RUBEN E. HINOJOSA | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	*Examples:* SP — Mega Corp. Stock	None; $1,001 – $15,000; $15,001 – $50,000; $50,001 – $100,000; $100,001 – $250,000; $250,001 – $500,000; $500,001 – $1,000,000; $1,000,001 – $5,000,000; $5,000,001 – $25,000,000; $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS: X; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income):	None; $1 – $200; $201 – $1,000; $1,001 – $2,500: X; $2,501 – $5,000; $5,001 – $15,000; $15,001 – $50,000; $50,001 – $100,000; $100,001 – $1,000,000; $1,000,001 – $5,000,000; Over $5,000,000	P
SP, DC, JT	*Examples:* SP — Simon & Schuster	Indefinite	Royalties	X	
SP, DC, JT	*Examples:* JT — 1st Bank of Paducah, KY accounts		INTEREST: X	X	
	342 S. TEXAS AVE. / MERCEDES, TX RUBEN'S RENTAL BUILDING	X	RENT: X	X	
	REAL ESTATE ASSOCIATES	X	PARTNERSHIP INCOME	X	
SP	MORALES-BEST HINOJOSA ARCHITECTS, INC.	X	S CORPORATION INCOME	$1,001 – $2,500	
	HINOJOSA ENTERPRISES	X	PARTNERSHIP INCOME	$1,001 – $2,500	
	HINOJOSA DEVELOPMENT	X	PARTNERSHIP INCOME	X	
SP	FIRM CONSULTANTS, INC.	X	S CORPORATION INCOME	$1,001 – $2,500	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RUBEN E. HINOJOSA

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	H & H FOODS ESOP						X							X							X											
	H & H FOODS STOCK									X				X							X											
DC	MERRILL LYNCH CMA			X										X								X										
DC	TEXAS REGIONAL BANCSHARES					X								X			X								X							
SP	MERRILL LYNCH (IRA) -CASH	X												X								X										
SP	INTL BANCSHARES STOCK			X										X								X										
SP	LUCENT TECHNOLOGIES STOCK			X										X								X										
SP	MCI WORLDCOM STOCK			X										X							X											
SP	MICROSOFT CORP. STOCK			X										X							X											
DC	TEXAS TOMORROW FUND			X												X					X											
	DAIN RAUSCHER (IRA)																															
	MFS TOTAL RETURN FUND-A				X									X			X								X							
	MASSACHUSETTS INVESTORS				X									X			X							X								
	MFS GOV'T SECURITIES FUND				X									X									X									
	*RECEIVABLE FROM CAMPAIGN	X														N	/A				X											
JT	NATIONS BANK CHECKING (DC)			X												N	/A				X											
	*MERRILL LYNCH PLDG COLL TO BANK	X														N	/A				X											
	MERRILL LYNCH CMA						X							X											X							
	*RECEIVED AND DEPOSITED INTO MERRILL LYNCH CMA																															
	*LOAN TO BANK WAS SATISFIED																															

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SCHEDULE IV — TRANSACTIONS

Name RUBEN E. HINOJOSA | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
DC	TEXAS REGIONAL BANCSHARES		X		VARIOUS	X									
SP	AT&T CORP STOCK		X		2-9-98	X									
SP	HORMEL FOODS CORP. STOCK		X		*2-9-98										
SP	NCR		X		*2-9-98										
SP	INTL BANCSHARES STOCK	X			2-9-98	X									
SP	FIRM CONSULTANTS, INC.	X			4-14-98	X									
DC	TEXAS TOMORROW FUND	X			VARIOUS	X									
*	AMOUNT OF TRANSACTION LESS THAN $1,001														

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	H & H FOODS	LOAN TAXES PERSONAL (1990 - 1997)			X							
	HINOJOSA DEVELOPMENT CO.	PERSONAL LOAN 1984				X						
	INTERNAL REVENUE SERVICE	1998 FEDERAL INCOME TAXES		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	SOUTHWEST MEAT ASSOCIATION	JULY 24-25	WASH, D.C.-ARLINGTON, TX-WASH., D.C.	Y	N	N	N
	GREENBRIER-GROUP DELEGATE CONVENTION	APR. 24-26	WASH., D.C.-WHITE SULPHUR SPRINGS, WEST VIRGINIA-WASH., D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
ADVISORY BOARD	UNIVERSITY OF TEXAS AT AUSTIN, TX SCHOOL OF EDUCATION
ADVISORY BOARD	UNIVERSITY OF TEXAS AT PAN AMERICAN
PARTNER	HINOJOSA DEVELOPMENT COMPANY
PARTNER	HINOJOSA ENTERPRISES
PARTNER	REAL ESTATE ASSOCIATES LIMITED II

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 2:58
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

David L. Hobson
(Full Name)

482 Longford Close, East
(Mailing Address)

202-225-4324
Daytime Telephone

Springfield, OH 45503

Filer Status	[X] Member of the U.S. House of Representatives	State: Ohio District: 7	[ ] Officer or Employee — Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL David L. Hobson

DATE (Month/Day/Year) 5/14/99

1671

Name David L. Hobson | Page 2 of 20

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
Public Employee Retirement System of Ohio	Legislative Pension	$10,308.

For payments to charity in lieu of honoraria, use Schedule II.

Name David L. Hobson | Page 3 of 3

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David L. Hobson

Page 3 of 32

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP. / DC. / JT	Examples:	SP	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX $1,000,001 – $5,000,000	X Over $5,000,000	XI	P, S, E
SP.			Mega Corp. Stock					X								X										X									P
DC.	Examples:		Simon & Schuster			Indefinite																Royalties									X				
JT			1st Bank of Paducah, KY accounts						X									X											X						
			1-FOUR Ptnrshp (Bldg/Land) 2138 N.Limestone,Spfld OH									X					X				Ptnrshp Loss	X														
			Grandview Storage Assoc (Ptnrshp) 4.5 Acres/Dblin Ave/Cols OH	X													X	X	X													X			S
			Chevrolet of Baton Rouge Englewood Co (?ptnrshp)	X														X						X											
			Retirement Resources,Inc (S-Corp) Spfld OH	X																	No Activity	X													
			Leader '83 Equip/int.in Oil Well (Ptnrshp) Columbus OH	X																	Oil & Gas Ptnrshp			X											S
			Fujiyama Columbus Ptnrshp. Note Receivable							X								X											X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [redacted]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	PASSIVE TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	Fullyam Lubls Pmnbp Note Receivable							X								X											X					write off debt
	Retirement Resources, Inc. Note Receivable	X														X					X											
SP	Delaware Group (Mutual Fund)				X									X										X								
	Fidelity Technology Fund (Mutual Fund)				X									X										X								
	Cooker Restaurant Corp (Stock)							X						X											X							
	Chevron Corp (Stock)			X										X									X									
SP	Proctor & Gamble (Stock)				X									X									X									
	Proctor & Gamble (Stock)							X						X										X								
	Security BancCorp (Stock)							X						X											X							
SP	Security BancCorp (Stock)						X							X											X							
	Champaign Telephone Company (Stock)				X									X									X									P
	AMERICAN EXPRESS #79274/3 Mutual Funds		X											X									X									F
	IBM Corp (Stock)			X										X									X									
	ATT CORP (FORMERLY NEWCO/PAC STOCK)						X							X							X											
	Int'l Basic Resources (Stock)			X										X							X											
	Fidelity Investment Advisors Inc. (Stock)									X				X							X											
	Ohio Public Employee Retirement Fund				X															Pension						X						
	G. Arthur Seelbinder (Note Receivable)						X									X					X											
	ASSETS HELD IN SHARPY NAT'L BANK (GRANTOR TRUST)																															P,S
	Money Market Funds			X										X				X					X									
	Security BancCorp (Stock)							X						X										X								P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page [illegible] of [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	ASSETS HELD IN SMITH BARNEY ACCT # 712-5170K-20																															
	Citigroup Inc. (Stock)			X										X								X										P
	Ensco Int'l Inc.(Stock)	X												X			X			Capital Loss	X											P, S
	Intel Corp (Stock)			X										X								X										
	Nokia Sponsored ADR (Stock)				X									X			X					X										S
	Security BanCorp (Stock)				X									X									X									P
	Smith Barney Money Funds			X										X								X										
	Travelers Group Inc (Stock)	X												X			X			Capital Loss	X										S
	Western Ohio Financial Corp (Stock)					X								X			X								X							S
	Amgen Inc. (Stock)	X												X			X			Capital Loss	X										S
	Cisco Sys.Inc. (Stock)				X									X			X				X											S
	3Com Corp (Stock)	X												X			X			Capital Loss	X										S
	ASSETS HELD IN SMITH BARNEY ACCT # 712-5524-12																															
	ICO Global Comm.(Stock)	X												X			X			Capital Loss	X										P, S
	American Bank Holographics (Stock)	X												X			X					X										P, S
	American Tower Systems (Stock)	X												X			X					X										P, S
	Boeing Co. (Stock)	X												X			X			Capital Loss	X										P, S
	British Petrol.(Stock)	X												X			X			Capital Loss	X										P, S
	Convergys Corp (Stock)	X												X			X			Capital Loss	X										P, S
	Walt Disney (Stock)	X												X			X			Capital Loss	X										P, S
	Eclipsys Corp (Stock)	X												X			X			Capital Loss	X										P, S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible]

Page 1 of ___

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	V $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	STOCKS HELD IN SMITH BARNEY ACCT # 715-45628-12 (COMPD)																															
	Equant NV (Stock)	X												X			X			Capital Loss						X						P, S
	Ericsson (Stock)	X												X			X			Capital Loss	X											P, S
	Global Vacation Group (Stock)	X												X			X			Capital Loss	X											P, S
	Vestings Entertainment (Stock)	X												X			X			Capital Loss	X											P, S
	Maxtor Corp (Stock)	X												X			X							X								P, S
	MeadCorp (Stock)			X										X			X			Capital Loss	X											P, S
	Noble Drilling Corp (Stock)	X												X			X			Capital Loss	X											P, S
	Proctor & Gamble (Stock)	X												X			X			Capital Loss	X											P, S
	Schlumberger Ltd (Stock)	X												X			X			Capital Loss	X											P, S
	Skyepharma Sponsored ADR (Stock)	X												X			X			Capital Loss	X											P, S
	Charter One (Stock)			X										X								X										P
	Intel Corp (Stock)				X									X								X										P
	Perpetual Federal Savings Bank (Stock)			X										X								X										P
	Security BancCorp (Stock)					X								X								X										P
	Smith Barney Money Funds				X									X										X								
	Barnes & Noble Inc. (Stock)			X										X							X											P
	Bristol Myers Squibb (Stock)				X									X							Y											P
	Coca-Cola Co. (Stock)			X										X							X											P
	Lucent Technologies (Stock)				X									X							X											P
	Microsoft Corp (Stock)				X									X							X											
	Washington Mutual Inc. (Stock)				X									X							X											P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David L. Hanson

Page 11 of 20

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	ASSETS HELD IN IRA ADVEST ACCT #782-70032																															
	Cooker Restaurant Corp (Stock)			X										X								X										
	Microsoft Corp (Stock)			X										X								X										P
	Security BancCorp (Stock)						X							X									X									P
	IBM (Stock)	X												X			X								X							S
	Money Funds		X											X								X										
	ASSETS HELD IN SMITH BARNEY LTD ACCT #715-50987-13																															
	Select 10 Unit Trust			X										X								X										P, S
SP	ASSETS HELD IN SMITH BARNEY IRA ACCT #715-57493-35																															
	Select 10 Unit Trust			X										X								X										P
	ASSETS HELD IN AMERICAN EXPRESS ACCT #125DG55																															
	American Express (Stock)			X										X								X										P
	Colgate Palmolive (Stock)				X									X								X										P
	Proctor & Gemble (Stock)			X										X								X										P
	CitiGroup (Stock)				X									X								X										P
	General Motors Corp (Stock)	X												X								X										P, S
	Microsoft Corp (Stock)				X									X								X										P
	Tomega Corp (Stock)			X										X								X										P

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Name David L. Hobson

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	ASSETS IN SECURITY NAT'L BANK (GRANTOR TRUST)														
	Money Market Funds	X			7/20/98		X								
	Money Market Funds		X		9/14/98		X								
	Security National Bank (Stock)	X			9 purchases various dates				X						
	ASSETS IN SMITH BARNEY ACCOUNT # 715-51764-10														
	Amgen, Inc. (Stock)		X		1/26/98	X									
	Cisco Systems Inc. (Stock)		X		1/26/98	X									
	Citigroup, Inc (Stock)	X			9/14/98	X									
	Enzco International Inc. (Stock)	X			4/15/98	X									
	Enzco International Inc. (Stock)		X		12/08/98	X									
	Nokia Sponsored ADR (Stock)		X		1/23/98	X									
	Nokia Sponsored ADR (Stock)		X		1/26/98	X									
	Security BancCorp (Stock)	X			1/23/98		X								
	3 Com Corp (Stock)		X		1/26/98	X									
	Travelers Group (Stock)		X		9/14/98	X									
	Western Ohio Financial Corp (Stock)		X		4/15/93	X									

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Name David L. Hobson

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	ASSETS IN SMITH BARNEY ACCT #715-45624-12														
	TCO Global Communications (Stock)	X			7/31/98	X									
	TCO Global Communications (Stock)		X		9/01/98	X									
	American Bank Nt Holographics (Stock)	X			7/14/98	X									
	American Bank Nt Holographics (Stock)		X		10/29/98	X									
	American Tower Systems - Class A (Stock)	X			7/01/98	X									
	American Tower Systems - Class A (Stock)		X		8/03/98	X									
	Barnes & Noble (Stock)	X			12/30/98	X									
	Boeing Co. (Stock)	X			5/12/98		X								
	Boeing Co. (Stock)		X		10/05/98	X									
	Bristol Myers Squibb Co. (Stock)	X			12/15/98		X								
	British Petroleum (Stock)	X			5/26/98		X								
	British Petroleum (Stock)		X		10/29/98		X								
	Charter One (Stock)	X			6/16/98	X									
	Coca Cola Co. (Stock)	X			12/15/98	X									
	Convergys Corp (Stock)	X			8/12/98	X									

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Name Davie L. Hobson

Page 11 of 20

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	ASSETS IN SMITH BARNEY ACCOUNT #715-45624-12 (CONTINUED)														
	Convergys Corp (Stock)		X		9/01/98	X									
	Walt Disney Holding Co. (Stock)	X			5/15/98		X								
	Walt Disney Holding Co. (Stock)		X		12/8/98		X								
	Equant NV (Stock)	X			7/20/98	X									
	Equant NV (Stock)		X		8/19/98		X								
	Ericsson L M Tel Co. (Stock)	X			5/26/98	X									
	Ericsson L M Tel Co. (Stock)		X		10/07/98	X									
	Global Vacation Group (Stock)	X			7/31/98	X									
	Global Vacation Group (Stock)		X		8/19/98	X									
	Hastings Entertainment Inc. (Stock)	X			6/11/98	X									
	Hastings Entertainment Inc (Stock)		X		3/03/98	X									
	Intel Corp. (Stock)	X			6/16/98	X									
	Lucent Technologies Inc (Stock)	X			12/15/98		X								
	Maxtor Corp. (New) (Stock)	X			7/30/98	X									
	Maxtor Corp. (New) (Stock)		X		8/19/98	X									

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Name David L. Hobson | Page 12 of 20

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	ASSETS IN SMITH BARNEY ACCOUNT #715-45624-12 (CONTINUED)														
	Mead Corp (Stock)	X			6/17/98	X									
	Mead Corp (Stock)		X		12/30/96	X									
	Microsoft Corp. (Stock)	X			5/15/98		X								
	Noble Drilling Corp. (Stock)	X			6/16/98	X									
	Noble Drilling Corp (Stock)		X		12/08/98	X									
	Perpetual Federal Savings Bank Urbana, OH (Stock)	X			7/06/98	X									
	Proctor & Gamble Co. (Stock)	X			7/06/98		X								
	Proctor & Gamble Co. (Stock)		X		12/14/98		X								
	Schlumberger Ltd. (Stock)	X			6/16/98	X									
	Schlumberger Ltd. (Stock)		X		12/08/98	X									
	Security BancCorp (Stock)	X			9/25/98 & 10/01/98		X								
	Skyepharma Sponsored ADR (Stock)	X			7/17/98	X									
	Skyepharma Sponsored ADR (Stock)		X		8/19/98	X									
	Washington Mutual Inc. (Stock)	X			12/15/98	X									

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Name David L. Hobson

Page 11 of 20

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	ASSETS HELD IN SMITH BARNEY IRA ACCOUNT #715-50987-13														
	Select 10 Unit Trust	X			Monthly	X									
	Select 10 Unit Trust		X		11/19/98	X									
	ASSETS IN ADVEST IRA ACCT #782-70032														
	IBM Corp (Stock)		X		3/25/98		X								
	Security BancCorp - OH (Stock)	X			6/05/98		X								
	Microsoft Corp. (Stock)	X			7/20/98	X									
	ASSETS IN AMERICAN EXPRESS ACCT #12506655														
	Procter & Gamble Co. (Stock)	X			8/04/98	X									
	General Motors Corp (Stock)	X			6/23/98	X									
	General Motors Corp (Stock)		X		7/20/98	X									
	Microsoft Corp (Stock)	X			7/20/98	X									
	American Express Co. (Stock)	X			7/20/98	X									
	Iomega Corp (Stock)	X			6/23/98	X									
	Citi Group Inc. (Stock)	X			6/23/98		X								
	Colgate-Paimclive Co. (Stock)	X			6/23/98		X								

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Name David L. Hobson | Page 14 of 20

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
SP	ASSETS HELD IN SMITH BARNEY IRA ACCOUNT # 715-57493-15														
	Select 10 Unit Trust	X			2/1/98	X									
	Interest in Partnership Grandview Storage Assoc. 4.5 acres		X		5/15/98						X				
	Interest in Partnership - Leader '83 Equip. Partnership interest in oil well		X		12/31/98	X									
	Champaign Telephone Company (Stock)	X			5/20/98		X								
	ASSETS IN AMERICAN EXPRESS ACCT #7927473														
	Mutual Funds	X			Various	X									

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Name [illegible] Page 12 of 20

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	Key Bank	Note Secured by Stock			X							
	Huntington National Bank	Mortgage on 3.1acres (Pulliam Vacant Ground) Columbus OH			X	(PAID OFF IN 1998)						
	Key Bank	Revolving Line of Credit			X							
	Bank One	Loan Secured by Stock				X						
	Security National Bank	Business Note for Grandview Storage		X	(PAID OFF IN 1998)							

(CONTINUED ON NEXT PAGE)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Key Bank	Fujiyama Columbus OH Partnership Restaurant and Land					X					
	Farm Bureau Life Insurance Company	Mortgage on Warehouse Urlin Ave., Columbus OH	(PAID OFF IN 1998)						X			
	Security National Bank	First Mortgage on 2138 N.Limestone Street						X				
	Key Bank	Mortgage on Fujiyama Restaurant, Indianapolis IN				X	(PAID OFF IN 1998)					
	Huntington National Bank	Mortgage on Land Fidelity Investment Advisors,Inc			X							

(CONTINUED ON NEXT PAGE)

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

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Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Huntington National Bank	Revolving Line of Credit				X						
	Heller Small Business Lending Corp Indianapolis IN	Mortgage on Fujiyama Restaurant, Indianapolis IN				X						
	Security National Bank - Salem Olive	Business Note Olive Road		X								
	Provident Bank	Business Note Turnberry Village Development						X				
	Ohio Bank	Land Loan Edinburgh Village Development					X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Ripon Educational Fund	Nov. 7-17	Dayton OH - Madrid Spain - Washington DC	Y	Y	Y	3 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	(SEE ATTACHED LIST)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1982 to Present	State of Ohio Public Employee Retirement System	Continuing Participation in Retirement Plan

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

DAVID L. HOBSON
FINANCIAL DISCLOSURE STATEMENT
FOR CALENDAR YEAR 1998

SCHEDULE VIII - POSITIONS

POSITIONS		NAME OF ORGANIZATION
Trustee	(*)	Ohio Wesleyan University
Director	(*)	Cooker Restaurant Corporation
Partner	(**)	Leader Oil Well Limited Partnerships
Partner	(**)	I-FOUR
Partner	(**)	Cablevision of Baton Rouge, Ltd.
Partner	(***)	Grandview Storage Associates
Officer	(*)	Fidelity Investment Advisors, Inc.

(*) These positions were not compensated in 1998

(**) The Partnerships are each included in Schedule III

(***) The Partnership was dissolved in 1998 as a Result of the Sale of the Partnership Property

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 18 PM 10:32 1:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED
(Office Use Only)

JOSEPH M HOEFFEL
(Full Name)

1908 LYCOMING AVE
(Mailing Address)

ABINGTON PA 19001

Daytime Telephone: 610-272-8400

Filer Status	☒ Member of the U.S. House of Representatives	State PA District 13	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☒	No ☐
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Joseph M Hoeffel

DATE (Month/Day/Year) 5/17/99

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	COUNTY OF MONTGOMERY, NORRISTOWN PA	SALARY	52,880
	MURPHY, OLIVER, CAIOLA + GOWEN, NORRISTOWN PA	SALARY	3,422
	SCHOOL DISTRICT OF PHILADELPHIA, PA	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JOSEPH M HOEFFEL | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Block A	Block B	Block C	Block D	Block E
SP	Mega Corp Stock	X (E)	X (DIVIDENDS)	X (II: $1 – $200)	P
DC	Simon & Schuster	Indefinite (F)	Royalties	X (III: $1,001 – $2,500)	
JT	1st Bank of Paducah, KY accounts	X (G)	X (INTEREST)	X (VI: $5,001 – $15,000)	
	NORTHEAST UTILITIES STOCK	X (B)	X (DIVIDENDS)	X (II: $1 – $200)	
	VANGUARD INDEX 500 STOCK	X (D)	X (DIVIDENDS)	X (II: $1 – $200)	
	VANGUARD WINDSOR II IRA	X (D)	NA (DIVIDENDS)	NA	
	VANGUARD WELLESLEY IRA	X (D)	NA (DIVIDENDS)	NA	
	AETNA VARIABLE FUND DEFERRED COMP	X (D)	NA (DIVIDENDS)	NA	
	EQUITABLE IRA	X (C)	NA (DIVIDENDS)	NA	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOSEPH M HOEFFEL

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction (P, S, E)
	MONTGOMERY COUNTY, PA PENSION PLAN				X									NA							NA											
	SCHOOL DISTRICT OF PHILA PENSION PLAN				X									NA							NA											

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SCHEDULE IV — TRANSACTIONS

Name JOSEPH M HOEFFEL | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.			Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10–12–98		X								
	VANGUARD 500 INDEX FUND			X		VARIOUS	X									

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Name JOSEPH M HOEFFEL | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	AFSA, MILWAUKEE, WI	EDUCATION LOAN		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12/98	MURPHY, OLIVER, CAIOLA + GOWEN	DEFERRED PAYMENT OF SALARY OWED FOR LEGAL SERVICES RENDERED PRIOR TO 12/98 WHEN LEGAL FEES ARE PAID BY CLIENT DONNELLY

GPO: 1999 55-185 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

Peter Hoekstra
(Full Name)

1124 Longworth HOB Washington DC 20515 202-225-4401
(Mailing Address) Daytime Telephone

MC (5)

Filer Status	☒ Member of the U.S. House of Representatives — State: MI District: 2nd	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐ No ☒	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☒
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☒
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐ No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐ No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Peter Hoekstra **DATE** (Month/Day/Year) 5/24/99

1698

Name Peter Hoekstra | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other: Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples*				
SP	Mega Corp. Stock	X	X	X	P
DC	Simon & Schuster	Indefinite	Royalties		
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Personal Accts OKB	X	X	X	
	Personal Accts - Huntington	X	X	X	
	Personal Accts - Mercantile	X	X	X	
	Federal Thrift Savings	X	X X	N.A.	
	Huntington Trust	X	X X	N.A.	
	Herman Miller Stock	X	X	X	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Hoekstra

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	IRA Acct. OKB																															
	Huntington			X										X									X									
	HMI			X										X									X									
	Gentex				X																											
	Capital World Growth			X										X		X							X									
	1498 South Shore Dr.						X																									
	Holland School Board				X											X								X								

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1700

SCHEDULE IV — TRANSACTIONS

Name Peter Hoekstra

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example.* Mega Corporation Common Stock	X			10–12–98		X								
	Purchase Gentex Stock	X			7/31/98		X								
	Sell Huntington Bank Stock		X		7/31/98		X								
	Purchase 1498 South Shore Dr.	X			10/22/98				X						
	Holland School Bonds		X		2/4/98		X								

This page may be copied if more space is required.

Name Peter Hoekstra | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	Huntington Equity Credit	Equity Line, Holland, Mi		X								
	Macatawa Bank	Demand Loan				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

PETE HOEKSTRA
SECOND DISTRICT
MICHIGAN
E-MAIL
tellhoek@mail.house.gov
WORLD WIDE WEB
http://www.house.gov/hoekstra/welcome.html

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106th Congress
Congress of the United States
House of Representatives

COMMITTEES:
EDUCATION AND THE WORKFORCE COMMITTEE
CHAIRMAN, OVERSIGHT AND INVESTIGATIONS SUBCOMMITTEE
BUDGET COMMITTEE

HAND DELIVERED

May 27, 1999

Mr. Jeff Trandahl, Clerk
Legislative Resource Center
B-106 Cannon House Office Building
Washington, D.C. 20515

1 ✓
MC

Dear Mr. Trandahl

I understand that the Committee on Standards is seeking clarification regarding certain information contained in my 1998 Financial Disclosure Statement (FDS). Please accept this letter as an amendment to my FDS 1998 form.

The abbreviation "OKB" stands for Old Kent Bank located in Holland, Michigan. The abbreviation "Huntington" stands for Huntington Bank located in Holland, Michigan. The abbreviation "Macatawa" stands for Macatawa Bank in Holland, Michigan. The abbreviation "HMI" stands for Herman Miller, Incorporated, located in Zeeland, Michigan.

There was also some question as to the nature of the asset located at 1498 South Shore Drive, Holland, Michigan. The property was purchased as a second residence. It was not used as a rental property and no further income was gained from this property

I hope that this clarifies my FDS for your records. If you have any further questions, do not hesitate to contact my office

Sincerely,

Pete Hoekstra
Member of Congress

PH/drk

WASHINGTON OFFICE
1124 Longworth HOB
Washington, DC 20515
(202) 225-4401
FAX (202) 226-0779

DISTRICT OFFICE—HOLLAND
31 East 8th St., Suite 320
Holland, Mich. 49423
(616) 395-0030
FAX (616) 395-0271

DISTRICT OFFICE—MUSKEGON
900 3rd Street, Suite 203
Muskegon, Mich. 49440
(616) 722-8386
FAX (616) 722-0176

DISTRICT OFFICE—CADILLAC
210-1/2 North Mitchell St.
Cadillac, Mich. 49601
(616) 775-0050
FAX (616) 775-0298

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UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Hon. T. Timothy Holden
(Full Name)

31 Pearl Street
St. Clair, PA 17970
(Mailing Address)

Daytime Telephone (202)225-5546

Filer Status: [X] Member of the U.S. House of Representatives — State PA, District 06 — [ ] Officer or Employee — Employing Office — Termination Date

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tim Holden

DATE (Month/Day/Year): 5/13/99

Name Hon. T. Timothy Holden	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	County of Schuylkill, Pennsylvania	spouse salary	$28,131.30

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC *Examples* SP JT	Mega Corp. Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Schuylkill Federal Employees Credit Union, 724 Market Street, Pottsville, PA 17901	$1,001 - $15,000	Dividends	$201 - $1,000	NA
	Community Bank, 2nd & Canal Street, Saint Clair, PA 17970	$1 - $1,000	Interest	$1 - $200	NA
	Pennsylvania National Bank, One South Centre Street, Pottsville, PA 17901	$1,001 - $15,000	Interest	$1 - $200	NA
	Legg Mason	$1,001 - $15,000	Dividends	$1 - $200	NA
	Specialized Portfolio -- Energy portofolio	$1,001 - $15,000	Interest	$201 - $1,000	NA

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

VanGuard Group, Box 7800 Philadelphia, PA -- detailed list of VanGuard portofolio	$50,001 - $100,000	Interest	$5,001 - $15,000	NA
Windsor II Stocks	$15,001 - $50,000	Dividends	$2,501 - $5,000	NA
PA Tax Free Fund, Insured Long Term Bond	$1,001 - $15,000	tax exempt income	$201 - $1,000	NA
VMMR Prime Portfolio -- money market	$1,001 - $15,000	Interest	$1,001 - $2,500	NA
VanGuard High Yield Corporate Bond Portfolio	$15,001 - $50,000	Interest	$2,501 - $5,000	NA
Lease Purchase Agreement, 329 West Oak Street, Shenandoah, PA 17976	$15,001 - $50,000	Interest	$1 - $200	S

Name Hon. T. Timothy Holden | Page 1 of 1

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
Example	Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
SP	329 West Oak Street, Shenandoah, PA 17976	Sold	7-16-98	$1,001 - $15,000

Name Hon T. Timothy Holden | Page 1 of 1

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Pa Assoc of Milk Dealers and New York State Foods, Inc	May 31, 1998 to June 1 1998	St. Clair, PA to Mount Pocono, PA to St. Clair, PA	Y	Y	Y	no

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 JUN -2 PM 4:28
U.S. HOUSE OF REPRESENTATIVES
(9)
NC JUN 01 1999
(Office Use Only)

Rush D. Holt
(Full Name)
PO Box 782 Pennington NJ 08534
(Mailing Address)
(609) 737-2343
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: NJ District: 12	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Rush D. Holt

DATE (Month/Day/Year): May 31, 1999

1710

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Princeton University	Residual Salary	480.00
	Princeton Medical Center	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	NONE			

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Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

				A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock					X								X																		P
			Simon & Schuster			Indefinite																Royalties												
			1st Bank of Paducah, KY accounts					X										X																
JT	First Union Bank checking cap.acct						X											X							X									
JT	Albank				X													X						X										
JT	Summit Bank					X												X						X										
JT	Rental House							X									X										X							
	Summer House							X									X									X								
	Vanguard Windsor (ret.)							X								X				X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	TIAA/CREF						X							X			X										X					
	Froelich Farm Land Trust				X										X								X									
SP	Fidelity IRA			X										X			X								X							
SP	Fidelity Investments 403(b)					X								X			X									X						
SP	TIAA/CREF							X						X			X											X				
SP	Prudential 403(b)			X										X			X						X									
SP	Share of Farm, Lancefield Rd, Amity, OR						X									X							X									

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SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	NONE														

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Name	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	I $5,000,001 – $25,000,000	J $25,000,001 – $50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	NONE											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
Esther Lancefield (Spouse's Mother)	Share of Family Farm Corporation (Gift to Spouse)	$156,000

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

Name	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Bd. of Trustees, Member	Family and Children's Services of Central NJ
Bd. of Trustees, Member	Planned Parenthood of Mercer Area
Past Chair	Forum on Education, American Physical Society
Bd. of Trustees, Chair	Stony-Brook Millstone Watershed Assn. (resigned 1995)
Bd of Directors, Member	Federation of American Scientists Fund (resigned 1998)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1999 58-195 (mac)

Use additional sheets if more space is required.

RUSH HOLT
Twelfth District, New Jersey

1630 Longworth Building
Washington, D.C. 20515
202-225-5801
Fax 202-225-6025

50 Washington Road
Princeton Junction, NJ 08550
609-750-9365
Fax 609-750-0618

rush.holt@mail.house.gov
www.house.gov/rholt

HAND DELIVERED

Congress of the United States

Committee on Education
and the Workforce

Committee on the Budget
Social Security Task Force

Member
Congressional Arts Caucus
Congressional Working Group on Children
Congressional Fire Services Caucus
Sustainable Development Caucus
Caucus Crime and Drugs Task Force

June 14, 1999

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES

1
✓
MC

Hon. Jeff Trandahl
Office of the Clerk
B-106 Cannon

Dear Mr. Trandahl:

I wish to amend my financial disclosure statement to include the following additional information.

The address of the rental house is 273A Pennington Rocky Hill Road, Pennington, New Jersey 08534. It is on the same property as my principal residence. The address of the summer cottage is Old Hawkeye Road, Town of Black Brook, New York 12912.

Sincerely,

Rush Holt

RUSH D. HOLT
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 17 PM 5:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Darlene Hooley
(Full Name)

6404 Failing Street
(Mailing Address)
West Linn OR 97068

Daytime Telephone: (202)225-5711

Filer Status	[X] Member of the U.S. House of Representatives	State: OR District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS: Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) Yes [ ] No [X]

EXEMPTION: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C. 1001).

SIGNATURE OF REPORTING INDIVIDUAL: Darlene Hooley

DATE (Month/Day/Year): 5/17/99

1720

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Oregon	retirement	$30,655.53
	State of Oregon	spouse retirement	NA
	Clackamas Community College	spouse retirement	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left For further information, see instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples:* SP Mega Corp Stock 123 Main St., Dover, Del 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	Fidelity Investment*	$1,001 - $15,000	Dividends and Interest	$201 - $1,000	
JT	Portland Teacher's Credit Union	$1 - $1,000	Interest	None	
	AETNA	$100,001 - $250,000	Tax Deferred Annuity	None	NA
	Jackson National*	$15,001 - $50,000	Tax Deferred Annuity	None	
	Standard*	$15,001 - $50,000	Tax Deferred Annuity	None	NA
	Westport Oil	$1,001 - $15,000	Royalty	$1,001 - $2,500	One-Quarter Owner
	US Bank Trust	$1,001 - $15,000	Interest	$1 - $200	
	PERS (State Pension)	None	NA	None	NA

*transferred to Darlene Hooley in her individual name following a divorce decree and property settlement agreement finalized 2/98.

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

Charter Investment Group	$1,001 - $15,000	Interest	$201 - $1,000	

Name Darlene Hooley	Page 5 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	US Bank* *Transferred to Darlene Hooley in her individual name following final divorce decree and property settlement, 2/98	Line of Credit	$15,001 - $50,000
	VISA	Charge Account	$15,001 - $50,000

58-073 99 - 55

1725

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 10 PM 1:10

HAND DELIVERED

MC (Office Use Only) (4)

STEPHEN HORN
(Full Name)

3944 Pine Avenue
(Mailing Address)

Long Beach CA 90807

Daytime Telephone (202)225-6676

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 38	[ ] Officer or Employee	Employing Office:
Report Type	(X) Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Stephen Horn

DATE (Month/Day/Year) May 15, 1999

Name STEPHEN HORN

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	Block D: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	Block E: P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			Indefinite																Royalties									X			
	1st Bank of Paducah, KY accounts						X									X																
	Salomon Smith Barney IRA			X												X					NA											
SP	Salomon Smith Barney IRA			X												X					NA											
	Shurgard IRA			X												X					NA											
SP	Shurgard IRA			X												X					NA											
JT	Boston Financial			X												X					NA											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name STEPHEN HORN

Page 3 of 4

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset											BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
	TIAA-CREF Annuity						X									X					NA										
	TIAA-CREF IRA					X										X					NA										
	~~PERS (Public Employee~~ Retirement System)						X													retirement						X					
	Beneficial Standard Life Ins. Annuity				X											X					NA										
	Sun America Life, Ins. (was John Alden Co.)				X											X					NA										
	General American Life, Ins. Annuity					X										X					NA										
	Safeco Life Ins. Annuity						X									X					NA										
	Fidelity & Guaranty Life Ins. Annuity						X									X					NA										
	Bank of America Certificate of Deposit			X												X					NA										

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Kutak Foundation, Omaha, Nebraska (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-185 (mac)

Use additional sheets if more space is required.

STEPHEN HORN
38TH DISTRICT, CALIFORNIA

WASHINGTON OFFICE
2331 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-6676

DISTRICT OFFICE
4010 WATSON PLAZA DRIVE
SUITE 160
LAKEWOOD, CA 90712
(562) 425-1336

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Congress of the United States
House of Representatives
Washington, DC 20515–0538

COMMITTEE
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEES
GROUND TRANSPORTATION
WATER RESOURCES AND ENVIRONMENT

COMMITTEE
GOVERNMENT REFORM
SUBCOMMITTEES
CHAIRMAN
GOVERNMENT MANAGEMENT, INFORMATION AND TECHNOLOGY
DISTRICT OF COLUMBIA

May 14, 1999

The Hon. Jeff Trandahl
Office of Records and Registration
The Clerk of the House
B-106 Cannon House Office Building
Washington, D.C. 20515

HAND DELIVERED

Dear Mr. Clerk:

I wish to amend Schedule I of the Financial Disclosure Statement recently submitted for Calendar Year 1998.

The item "PERS (Public Employees Retirement System)" should have been listed on Schedule I ("Earned Income") instead of on Schedule III (Assets and "Unearned Income") page 3. This item represents my retirement income from the State of California PERS and reflects my service for 18 years as president of California State University, Long Beach, and 4 additional years as professor of political science. The amount of gross income received during 1998 was $50,915.24.

Additionally, Schedule III, Block D, category VII should have been checked for the Safeco Life Insurance Annuity. Please consider this letter an amendment to the 1998 financial disclosure statement. Thank you for your consideration of this request.

Sincerely yours,

Stephen Horn

Stephen Horn

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

RECEIVED
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99 MAY 14 AM 10: 29
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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office use only)

John Nathan Hostettler
(Full Name)

1507 Longworth House Office Building
(Mailing Address)
Washington DC 20515

Daytime Telephone: (202)225-4636

Filer Status: [X] Member of the U.S. House of Representatives — State: IN District: 08 — [ ] Officer or Employee — Employing Office:

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [ ] No [X]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: John N. Hostettler

DATE (Month/Day/Year): 5/13/99

1780

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT — *Examples* — SP — Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Boeing Co. Stock	$1 - $1,000	Dividends	$1 - $200	
Edison International Stock	$1,001 - $15,000	Dividends	$1 - $200	
Exxon Corp. Stock	$1,001 - $15,000	Dividends	$1 - $200	
General Electric Company Stock	$1,001 - $15,000	Dividends	$1 - $200	
RJR Nabisco Stock	$1 - $1,000	Dividends	$1 - $200	
Fortune Brands Stock	$1 - $1,000	Dividends	$1 - $200	

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	Gallaher Group Stock	$1 - $1,000	Dividends	$1 - $200	
	Bristol Meyers Squibb Stock	$1 - $1,000	Dividends	$1 - $200	
	IBM Stock	$1 - $1,000	Dividends	$1 - $200	
	Key Corp Stock	$1 - $1,000	Dividends	$1 - $200	

Name John Nathan Hostettler	Page 2 of 5

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000

SP DC JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	Evansville Teachers Federal Credit Union	Visa Credit Card	$10,001 - $15,000
	Bank One First USA Bank	MasterCard Credit Card	$10,001 - $15,000
	Citibank	MasterCard Credit Card	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. **Exclude:** Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342), travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source		Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar.2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Coral Ridge Ministries		2/27/98-3/1/98	Wash.D.C. - Ft. Lauderdale	Y	Y	N	no

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 2:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Filing Date Stamp Only)

Amory Houghton Jr.
(Full Name)

80 East Market Street, Suite 300
(Mailing Address)

(202) 225-3161
Daytime Telephone

Corning, New York 14830

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 31st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date

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PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of **$200** or more from any source in the reporting period? **If yes, complete and attach Schedule I.** — Yes [X] No [ ]

II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [ ] No [X]

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IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [X] No [ ]

VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [X] No [ ]

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SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/14/99

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1998 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR

SCHEDULE I - EARNED INCOME

Source and Type	Amount
Corning Incorporated:	
Income (in-kind):	
Value of transportation benefits by former employer - see Part IX Agreements	$ 1,298
Value for secretarial services provided by former employer for whom consulting services are provided without monetary compensation (income in-kind, in excess of the 1998 outside earned income limit of $20,505, is offset by 1998 donations to qualified charitable organizations in the amount of $204,540)	$ 74,719
Trustee and Executor Commissions (commissions represent personal services provided to protect family resources, amounts not subject to outside earned income limit):	
L.H. Beer Trust 12/10/54	13,600
J.R. Houghton Trust 12/10/54	11,900
A.B. Houghton Trust 12/10/54	8,000
A. Houghton Jr. Trust 12/10/54	9,200
E.H. Weinberg Trust 12/10/54	9,100
A.S. Lassalle Trust 1/20/79	1,800
G.H. Lassalle Trust 11/21/78	3,500
H.D. Houghton Trust 12/22/61	7,400
R.P. Waters Trust 3/14/70	3,500
M.T. Mowbray Trust U/W G.B. Hollister	3,500
H.M. Carter Trust U/W G.B. Hollister	3,000
M.T. Mowbray Trust 4/18/46	600
B.H. Brakenridge Trust 4/18/46	600
B. Hollister Jr. Trust 4/18/46	600
P.H. Mowbray Trust U/W H.C. Hollister	1,800
B. Hollister Trust U/W H.C. Hollister	1,800
P.J. Allatt Jr. Trust 8/15/49	3,200
J.W. Hollister Trust U/W G.B. Hollister	2,300
B.H. Brakenridge Trust U/W G.B. Hollister	2,300
B. Hollister Jr. Trust U/W G.B. Hollister	2,300
H.M. Carter Trust 4/18/46	600
B.G. Ooten Trust 4/21/63	2,300
M.A. Keaton Trust 1/22/64	1,700
M.A. Keaton Trust 6/24/63	1,500
E.M. OeDell Trust 6/24/63	1,400
E. Houghton Trust 12/10/54	14,000
E.A. Ray Trust 12/10/54	11,800
E.H. Cole Trust 12/10/54	12,900
	$ 136,500

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Debt Securities:					
Augusta National Inc. - building certificate - Series B	B		None	None	

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Equity Securities:					
Citigroup, Inc. - common stock (formerly Citicorp, N.A.)	F		Dividend	IV	
Corning Incorporated - common stock	J		Dividend	VIII	Gift
Genetech Corporation - common stock	F		Capital Gain	IX	S
Gemstar International Group Ltd	F		Capital Gain	VII	S
Market Street Trust Company - common stock, Corning, NY	F		None	None	
Procter & Gamble - common stock	E		Dividend	III	
NovaCare - common stock	C		None	None	
Sun Microsystems - common stock	F		None	None	Gift
U.S. Government Obligations:					
Savings bonds series E & EE	C		Interest	III	
Other:					
J.P. Morgan Delaware, Wilmington, DE	F		Interest	VI	
Chase Manhattan Bank, N.A., Corning, NY	D		Interest	III	
Citibank, N.A., New York, NY	E		Interest	III	
Corning Federal Credit Union, Corning, NY	C		Interest	II	
First National Bank of Boston, Quincy, MA	C		Interest	II	
75-78 East Market Street (investment property), Corning, NY	H		Rent	VII	
Congressional Federal Credit Union, Washington, DC	C		Interest	III	
Hingham Institution for Savings, Hingham, MA	C		Interest	II	
Notes Receivable - RGD Consulting Group, Elmira, NY	C		Interest	I	
Notes Receivable - Nancy M. MacGregg, Corning, NY	C		Interest	II	
Harbor International Fund, equity mutual fund, Toledo, OH	C		Dividend	III	P
Longleaf Partners Fund, mutual fund, Kansas City, MO	D		Dividend	V	P
Vanguard Index Trust, mutual fund, Philadelphia, PA	C		Dividend	III	P
Brandywine Fund, mutual fund, Milwaukee, WI (sold in 1993)	A		Dividend	I	S
Partnerships:					
Corning Associates II, managed by Alcre Realty, rental of office building, 41 State Street, Albany, NY (share - 50.00/5.50%)	F	(1)	Partnership	VI	

(1) Valuation method – original investment, plus/less any additional capital contributed/withdrawn since inception

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Acorn IV, a general partnership which is the sole limited partner in Whitehall LTD, a partnership holding a real estate investment in vacant land within Walnut Creek Industrial Park, Austin, TX (share - 20.00/19.60%**)	F	(2)	Partnership	I	
Bradford Gordon 1990-3, limited partnership organized to acquire royalty, mineral or other nonoperating interests in natural gas properties primarily in Michigan (share - 3.173%)	C	(2)	Partnership	I	
Mutual Benefit Theatre Partners, L.P.III, a partnership formed to finance the live stage threatrical production and presentation of musical and dramatic plays selected and produced by The Really Useful Threatre Co., Inc., Newark, NJ (share - .70%)	D	(2)	Partnership	V	
Corning Associates VC-1, investment in venture capital partnerships (share 19.61/ - %**):					
Business Development Capital Limited Partnership III, managed by the Foster Management Co., King of Prussia, PA, invested in Sonus Corp. (formerly Health Care Capital) and Monarch Dental Corporation; items disposed of during the year ended December 31, 1998- Valley Forge Dental, Inc. (share - .20%**)	C	(2)	Partnership	I	
Intersouth Partners Limited Partnership, managed by Intersouth Associates, Research Triangle Park, NC, invested in IllumElex Corp.; items disposed during the year ended December 31, 1998 -UOL Publishing Inc. (share - -/.78%)	C	(2)	Partnership	I	
Bradford Gordon 1992-2, limited partner-ship organized to acquire royalty, mineral or other non-operating interests in natural gas properties primarily in Michigan (share - 5.81%)	C	(2)	Partnership	I	

** Represents ownership % in both investment partnership/ownership in ultimate partnership, respectively

(2) Valuation method - original investment, plus/less any additional capital contributed/withdrawn and income/loss since inception

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Partnerships (Continued):					
Bradford Gorden 1996-1, limited partnership organized to acquire royalty, minerals or other non-operating interests in natural gas properties primarily in Michigan (share - 4.76%)	C	(2)	Partnership	1	
Trusts:					
Market Street Equity Trust II (MSETII) - Delaware business trust - investments include: common stock of Intel Corp., Rentokil Group plc, Microsoft Corp., Coca Cola Co., Gillette Co., Automatic Data Processing Inc., Cisco Systems Inc., Pfizer Inc., Stryker Corp., Johnson & Johnson, Autozone Inc., IMS Health Inc., Eli Lilly & Co., McDonalds Corp., Proctor & Gamble Co., Walgreen Co., General Electric Co., Dollar General Corp. and Pierpont Money Market Fund (share - .24%)	E	(3)	Trust	V	P,S,E
MSETII holdings disposed of or exchanged during the year ended December 31, 1993 – First Data Corp., Monsanto Co., Cognizant Corp., Walt Disney Co. and Gendant Corp.					
Amory Houghton Jr. Trust U/W A.B. Houghton - (interest in income only)			Trust	IN	
Holdings consist of:					
Trusts:					
Market Street Fixed Income Trust I - Delaware business trust - investments include: securities of Power Authority of the State of New York, City of Pawtucket - Rhode Island, Clark County School District of Nevada, Maricopa County School District No. 4 of Arizona, Pennsylvania Higher Education, Cook County Community College - Illinois, Metropolitan Pier and Exposition Authority - Illinois, Rhode Island Depositors Economic Protection Corp., Fulton County School District - Georgia, District of Columbia General Obligation, City of Chicago - Illinois,					

(2) See explanation at page 3 of 23

1 Valuation method – partner's share of market value of investments at December 31, 1993.

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Texas (Continued)					
Massachusetts Bay Transportation Authority - Massachusetts, Dallas County Flood Control District No. 1 - Texas, Chicago O'Hare International Airport - Illinois, City of Austin - Texas, Regional Transportation Authority - Illinois, Florida State Board of Education, New York State Dormitory Authority, City of Dallas - Texas, Texas Public Finance Authority, Orlando Utilities Commission - Florida, State of Utah, State of Mississippi, State of Hawaii, Dallas Fort Worth Regional Airport - Texas, New York State Local Government Assistance Corp., Connecticut Health and Educational Facilities Authority, St. Mary's Hospital, Jacksonville Electric Authority - Florida, Michigan State Hospital Finance Authority, Los Angeles County Public Works Finance Authority, State of Wisconsin, Alpine School District - Utah, Puttable Floating Option, Jersey City Municipal Utilities Authority - New Jersey, Washington Public Power Supply System, Conroe Industrial Development Corp., District of Columbia - Howard University, Commonwealth of Pennsylvania General Obligation, York County Public Facilities Corp. - South Carolina, Prince Georges County Hospital - Maryland, State of New Jersey, Texas Water Development Board, Georgia State Housing and Finance Authority, Sacramento Municipal Utility District - California, Santa Ana Community Redevelopment Agency - California, State of Colorado, North Central Texas Health Facilities Development Corp., Houston Independent School District - Texas, Nebraska Public Power District, Richland County - South					

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Income: Transaction
Trusts (Continued)					
Carolina, Geisinger Authority - Pennsylvania, Colorado Housing Finance Authority, Commonwealth of Massachusetts, Massachusetts Water Resources Authority, Santa Clara Valley Water District - California, Massachusetts Housing Finance Agency, New York State Medical Care Facilities Finance Agency, City of Miami - Florida, Salt River Project Agricultural Improvement and Power District - Arizona, State of Nevada, King County School District No. 414 - Minnesota Housing Finance Agency, Traverse City Area Public Schools - Michigan, City of Los Angeles - California, Grant County Public Utility School, Sacramento County - California, City and County of San Francisco - California, Massachusetts Health and Educational Facilities - North Shore Medical Center Inc., City of Boston - Massachusetts, City of Jacksonville - Florida, Michigan Housing Development Authority - Rental, Virginia Housing Development Authority - Multifamily, Virginia Housing Development Authority - Commonwealth, Texas Public Finance Authority, Illinois Housing Development Authority - Multifamily, Illinois Health Facilities Authority, City of Berwyn - Illinois, Platte River Authority - Colorado, Middletown Township - New Jersey, California Housing Finance Agency, State of California Variety Purpose, King County - Washington, Multnomah County School District No. 15 - Portland, Lago Vista Independent School District - Texas, Waxahachie Independent School District - Texas, Colorado Housing Finance Authority - Multi-family, Antelope Valley Health Care District -					

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
California, Yuma Industrial Development Authority – Arizona, Texas Department of Housing and Community Affairs – Single Family, Palm Beach County Solid Waste Authority, Spring Branch Independent School District – Texas, Michigan State Hospital Finance Authority, Municipal Assistant Corp. - New York, City of Fort Worth - Texas, Tennessee Housing Development Agency, State of Texas, City of Charlotte – North Carolina, Town of Nantucket – Massachusetts, State of North Carolina, Austin Independent School District – Texas, City of Long Beach Harbor – California, Texas Health Facilities Development Corp., Hyland Hills Metropolitan Park and Recreational District – Colorado, Brownsville Independent School District – Texas, St. Louis County – Missouri, Donna Independent School District – Texas, City of Hampton – Virginia, Jefferson County – Kentucky, New Jersey Health Care Facilities, District of Columbia, Michigan Municipal Bond Authority, Belmont County – Ohio, Sierra View Local Healthcare District – California, New York State Urban Development Corp., Anne Arundel County – Maryland, West Windsor Plansboro Regional School District – New Jersey, State of Wisconsin, Purdue University – Indiana, Maryland Community Development, USA Notes, and Pierpont Money Market Fund (share - .06%)	H	(3)			
MSFIT I holdings disposed of during the year ended December 31, 1998 Colorado River Municipal Water District – Texas, State of Iowa Department of General Services and Department of Corrections,					

(3) See explanation at page 4 of 23

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued)					
Missouri State Environmental Improvement and Energy Resources Authority, Fairfax County – Virginia, Western Municipal Power Agency – Minnesota, Intermountain Power Agency – Utah, Cook County Illinois General Obligation, Wyoming Student Loan Corp., Los Angeles State Building Authority, Orange County Local Transportation Authority, Wisconsin Health & Educational Facilities - Holy Family Medical Center, Wisconsin Health & Educational Facilities - Home for the Aging, Oregon State Housing Community Services, Southern California Public Power Authority, Kentucky Turnpike Authority, State of California General Purpose, Wisconsin Health & Educational Facilities – Lutheran Home of Oconomowoc, Federal National Mortgage Association, New England Education Loan Marketing Corp. – Massachusetts, Sauget Illinois Regional Wastewaste Treatment, Modesto Irrigation District Financing Authority – California, North Carolina Eastern Municipal Power Agency, Beaver Industrial Development Authority – Pennsylvania, Franciscan Sisters of Christian Charity Healthcare Ministry - Ohio, General Electric Capital Corp., Kaweah Delta Hospital – California, Lehigh County Industrial Development Authority – Pennsylvania, Massachusetts Health and Educational Facilities - Joslin Diabetes Center, South Carolina Job Economic Development, Montgomery County Economic Development – American Red Cross Facility, Morris County – New Jersey.					

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Virginia College Building Authority - Virginia, Westlake City School District – Ohio, Coconino County Unified School District No 001 - Arizona, Jefferson Parish - Los Angeles, West Virginia State Building Commission, Wisconsin Health and Educational Facilities - Carroll College, Wisconsin Health and Educational Facilities - St Joseph's Residence, Wisconsin Health and Educational Facilities - Marian College, Wisconsin Health and Educational Facilities - Carthage College, Wisconsin Health and Educational Facilities - Beloit College, Wisconsin Health and Educational Facilities - United Lutheran Program for the Aging, Wisconsin Health and Educational Facilities - Janesville Area Visiting Nurses, Peninsula Ports Authority – Virginia, University of Pennsylvania, and State of Illinois					
Market Street New York Municipal Bond Trust – Delaware business trust – investments include: municipal bonds of Niagara Falls Bridge Commission - New York, Municipal Assistance Corp. for the City of New York - New York, Triborough Bridge & Tunnel Authority- New York, Metropolitan Transportation Authority - New York, Power Authority of the State of New York, New York City Municipal Water Finance Authority York State Local Government Assistance Corp., New York State Environmental Facilities Corp., New York State Bridge Authority, New York State Thruway Authority, Port Authority of New York & New Jersey, Orange County - New York, New York City Transitional Finance Authority and Pierpont Money Market Fund (share – 15.19%)	[	(3)			

[See explanation at page 4 of 23]

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued)					
Market Street New York Municipal Bond Trust holdings disposed of during the year ended December 31, 1998 – municipal bond of New York State Dormitory Authority					
Market Street Equity Trust I - Delaware business trust - investments include: Cygnus Inc., Advanced Fibre Communications, Peoplesoft, Inc., Vantive Corp., Yahoo Inc., Xylan Corp., Inktomi Corp., Centocor Inc., MMC Networks Inc., Siebel Systems Inc., Industri-Matematik International Corp., Ashford Capital Partners Limited Partnership (investments in portfolio companies including: International Speedway Corp., Central Packing Co., Aaron Rents, Inc., Ambassadors International Inc., Harbinger Corp., Kaiser Ventures Inc., Actel Corp., American Power Conversion Corp., Kronos Inc., Littlefuse Inc., Sheldahl Co., Vitesse Semiconductor Co., Miller Industrial Inc., Sirrom Capital Corp., American Coin Merchandising, Inhale Therapeutics System, Respironics Inc., Theragenics Corp., Novametrix Inc., Newpark Resource Inc., Daily Journal Corp., Cousins Properties Inc., Westpoint Stevens Inc., Litchfield Financial Group, BHI Corp., Biotechnology Inv., Harry's Farmers Market Inc., Sepracor Corp., Western Water Service, CSG Systems Corp., Amresco Inc., Medallion Financial Corp., Penske Motorsports Inc., PRM Corp., Poe & Brown, Inc., Amor Holdings Inc., Artesyn Technologies, Inc., Copart Inc., Norrell Corp. GA, Perkin Elmer Corp., Premier Parts Inc., Prison Realty Corp., GE Capital CP, and Rodney Square Market), and Pierpont Money Market Fund (share – 3.02%)	H	(3)			

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued)					
Market Street Equity Trust I holdings disposed during the year ended December 31, 1998 - Sequus Pharmaceuticals Inc., Avant Corp., Ergo Science Corp., TCSI Corp., Med. Immune Inc., Cellpro, Inc., i2 Technologies, Inc., Paragon Technologies, Inc., Westell Technologies, Inc. and Yurie Systems Inc.					
Market Street Equity Trust III - Delaware business trust - investments include: General RE Corp., Washington Post Co., Aflac Inc., Berkshire Hathaway Inc., Progressive Corp. Ohio, Avon Products Inc., AH Belo Corp., Coca Cola Co., Walt Disney Co., Dun & Bradstreet Corp., Gillette Co., Interpublic Group Companies Inc., Markel Corp., RLI Corp., Hearst-Argyle Television Inc., Jacor Communications Inc., Oakwood Homes Corp., Pulitzer Publishing Co., E.W. Scripps Howard, Inc., Chubb Corp., United Asset Management Corp., Sealed Air Corp., Tiffany & Co., Westport Small Capital Fund, and Pierpont Money Market Fund (share - 1.57%)	H	(3)			
Market Street Equity Trust III holdings disposed during the year ended December 31, 1998 - Nike Inc., Scherer RP Corp., Federal National Mortgage Association, Federal Home Mortgage Corp., and LIN Television Corp.					
Market Street Venture Trust I - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share 6.43%), Paul Capital Partners Venture Limited Partnership (investments in portfolio companies at June 30, 1998 including: Argencard, ZS Kaye, L.P. Sun Hung Kai China					

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Development Fund, Pallas Invest SA, GP Capital Partners, LP, Corporacion Borealis, DTI Investors, LLC, Finestpar, LLC, ZS Mazel, L.P., Argentina Private Equity Fund II, LP, Accel Telecom, LP, Renovation Gestion, Argentina Private Equity Fund, ZS Mazel II, LP, Industrial Venture Company, AEA Cable Investors, L.P., Arral Pacific Equity Trust, Onset Partners, European Enterprise Investments, Argentia Private EQ Co - Investment Fund, Hong Kong Venture Investment Trust, Equimark, Ven-Sed I, 4C Ventures L.P., Financiere Tuileries Holdings, LLC, Philadelphia Ventures - Japan I, LP, Philadelphia Ventures - Japan II, LP and Venture Investment (Singapore)).					
Boston Capital Ventures III Limited Partnership (investments in portfolio companies including, American Auto Funding Corp. - Chicago, IL, Child Health Systems, Inc. - Westwood, MA, Cornerstone Brands Inc - Boston, MA, Exa Corp. - Lexington, MA, Revelation Technologies, Inc. - Cambridge, MA, Advertising Communications International, Inc - Cambridge, MA, Brooks Fiber Properties, Inc. - St. Louis, MO, Healthcare First, Inc. - Upper Newton Falls, MA, ILEX Oncology, Inc. - San Antonio, TX, Sensitech Inc. - Beverly, MA, UniSite, Inc. - Richardson, TX, SCC Communications, Inc. - Boulder, CO, ConXus Communications, Inc. - Greenville, SC, FreeMark Communications, Inc. - Cambridge, MA, GRASP Information Corp. - Cambrdige,					

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
MA, Inteilon Corp. – Ocala, FL, MedSpan, Inc. - Hartford, CT, Olympus Healthcare Group, Inc. – Westborough, MA, Omnia, Inc. - Blue Bell, PA, Teletrac, Inc. - Leawood, KS, Vertex Technologies, Inc. – Cincinnati, OH, Brand Direct Marketing, Inc. - Wilton, CT, Conservation Tourism, Ltd. - San Jose, Costa Rica, Health Advance Institute, Inc. – Peoria, IL, MGC Communications, Inc. - Las Vegas, NV, 21st Century Cable, Inc. – Chicago, IL, Vectrix Corp., BPT, Inc. – Guatamala City, Guatamala, MediaCom, Inc. – Bedford, MA, Tri-Span, Inc. - Conshohocken, PA, and Verio, Inc. – Englewood, CO), Boston Millennia Partners Limited Partnership (investments in portfolio companies including: Constellar Corp., Inventa Corp., iVillage, Inc., Professional Development Group, Quintessent Communications, Inc., Unisite, Inc., V.I.A. Internet, Inc., Medspan, Inc., Pangea Systems, Inc., Quality Packaging Systems, Inc., BrandDirect Marketing, Inc. and Concentrix Corp.), CHL Medical Partners Limited Partnership (investments in portfolio companies including: Aurora Biosciences Corp., Emergency Medical Systems, Inc., Cellular Genomics, Molecular Staging, Inc., Polygenomics, Inc., Prolifix Medical, Inc. and Vida HealthCare, Inc.), Exeter Capital Partners IV Limited Partnership (investment in portfolio companies including: Alarmguard Holdings, Inc., The Sheridan Group, Inc., Quadrant International, Inc., The Frontier Group, Inc., Linters, Inc., Kitchens, Etc., Home Sweet Home Holdings, Inc., Fed Corporation, TVC Holdings Inc. and Beco Acquisition Company, Inc.), Intersouth Partners					

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Income: Transaction
Trusts (Continued)					
IV. Limited Partnership (investments in portfolio companies including: Biolex, Inc., Cogent Neuroscience Inc., Encelle, InteCardia, Inc., InvoiceLink, The Marathon Group, Opensite Technologies, Inc. and Paradigm Genetics), and PCP Associates Limited Partnership (investments in portfolio companies including: Assur-Investments, LLC, Taxol Royalty Interest, Technology, and CMT Medical Technologies, Ltd.) (share - 6.57%)	G	(3)			
Market Street Venture Trust II - Delaware business trust - investments include: Pierpont Money Market Fund, Market Street Fixed Income Trust I (see holdings listed above - share: 51%), Blue Rock Capital Limited Partnership (investments in portfolio companies including: Momentum Partners, Inc., The Edison Project, L.P., Inc., Samoff Digital Communications, Integrated Chipware, Inc., SegWay Internet Technologies, Inc., MWD, Inc., MIDAS Vision Systems, Inc., Net Balance Inc., Virtuflex Software Corp. and Dataware), Baker Communications Fund Limited Partnership (investments in portfolio companies including: Advance Switching Communications, Inc., DataStudy, Inc., Nextpoint Networks Inc., NetOps Corporation, Struthers Martin, Inc., and FWT Acquisition, Inc.) and Oxford Bioscience Partners II Limited Partnership (investments in portfolio companies including: Collaborative Clin. Res., Collegiate Health Care, Exelixis, Gene Logic, Genset, Matemicare, Reprogen, Ring Medical, Selective Genetics, Signal Pharmaceuticals, Sosei, Telik and Triangle Pharmaceuticals) (share - 2.89%)	E	(3)			

(3) See explanation at page 4 of 23

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SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Income: Transaction
Trusts (Continued):					
Market Street International Equity Trust I – Delaware business trust (new in 1998) – investments include: GMO Foreign Fund, Harbor International Growth Fund, Harbor International Fund and Pierpont Money Market Fund (share - 2.36%)	H	(3)			
Market Street International Equity Trust II – Delaware business trust (new in 1998) – investments include: GMO Emerging Markets Fund, Morgan Stanley Emerging Markets Portfolio and Pierpont Money Market Fund (share - 2.51%)	G	(3)			
Partnerships:					
Corning Associates VC-3, investment in venture capital partnership (share – 3.55% /.047%**); Abbingdon Venture Partners LP-III, managed by the Foster Management Co., King of Prussia, PA; organized to invest in companies primarily in the health services industry	D	(2)			
Osprey Partners, LLC (new in 1998) investment in Lightship Holdings LLC; organized to invest primarily in telephone technology (share – 14.49%/4.943%**)	F	(2)			
Real Estate:					
Residence (occupied by the Congressman), Washington, DC	I				
Other:					
Corning Incorporated – common stock	J				
Demand notes receivable from Amory Houghton Jr.	G				
Mortgage receivable from Amory Houghton III	I				
Principal cash – interest bearing (J.P. Morgan Delaware)	C				
Income cash – interest bearing (J.P. Morgan Delaware)	C				
Other cash – interest bearing (J.P. Morgan Delaware)	I				

** See explanation at page 3 of 23.

(2) See explanation at page 3 of 23

(3) See explanation at page 4 of 23.

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Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Harbor International Fund – equity mutual fund, Toledo OH (sold in 1993)	A				
Grantham, Mayo, Van Otterloo & Co (GMO) Emerging Markets Fund - mutual fund, Boston, MA (sold in 1993)	A				
GMO International Core Fund - mutual fund, Boston, MA (sold in 1993)	A				
GMO International Small Companies Fund - mutual fund, Boston, MA	F				
Morgan Stanley Emerging Markets Portfolio – mutual fund, Chicago, IL (sold in 1993)	A				
Newport Tiger Fund – mutual fund, San Francisco, CA (sold in 1993)	A				
Longleaf Partners Fund – mutual fund, Kansas City, MO	G				
Brandywine Fund – mutual fund, Milwaukee, WI (sold in 1993)	A				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	G				
Dividend receivable, Vanguard Extended Market Portfolio - mutual fund	C				
Dividend receivable, Longleaf Partners Fund – mutual Fund	C				
Amory Houghton Jr. Trust 12/10/34 - (interest in income and limited principal)			Trust	VII	
Holdings consist of:					
Trusts (see holdings listed above)					
Market Street Fixed Income Trust I (share - .91%)	I	(3)			
Market Street New York Municipal Bond Trust (share - 17.19%)	I	(3)			
Market Street Equity Trust II (share – 1.13%)	H	(3)			
Market Street Equity Trust III (share - 2.30%)	H	(3)			
Market Street Equity Trust I (share - 1.56%)	G	(3)			
Market Street Venture Trust I (share – 4.20%)	G	(3)			
Market Street Venture Trust II (share - 2.59%)	E	(3)			
Market Street International Equity Trust I (share - 1.64%)	G	(3)			
Market Street International Equity Trust II (share – 1.81%)	F	(3)			

(3) See explanation at page 4 of 23

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AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Partnerships:					
Corning Associates VC-3 (see holdings listed above) (share - 1.58% 02),**	D	(2)			
Market Street Trust Company Investment Partnership (invested in JPM 1996 Alpha, LLC partnership (share - 5.63% 02),**) JPM 1996 Alpha LLC, managed by J.P. Morgan D.E., organized to diversify in low basis stocks (investments include: AT&T Corp, Campbell Soup Co., Compaq Computer, Corning Inc., du Pont de Nemours, Eli Lilly & Co., Enron Corp., International Flavors, Lucent Technologies, Boeing, Inc., Viasis, Sun America Inc., United Asset Management and Midland Preferred Stock)	H	(2)			
Other:					
Corning Incorporated – common stock	J				
Mortgage receivable from Katherine Q. Houghton	F				
Principal cash – interest bearing (J.P. Morgan Delaware)	D				
Other cash – interest bearing (J.P. Morgan Delaware)	I				
Harbor International Fund – equity mutual fund, Toledo, OH (sold in 1998)	A				
Grantham, Mayo Van Otterloo & Co (GMO) Emerging markets Fund – mutual fund, Boston, MA (sold in 1998)	A				
GMO International Core Fund - mutual fund, Boston, MA (sold in 1998)	A				
GMO International Small Companies Fund – mutual fund, Boston, MA	C				
Morgan Stanley Emerging Markets Portfolio – mutual fund, Chicago, IL (sold in 1998)	A				
Newport Tiger Fund – mutual fund, Kansas City, MO (sold in 1998)	A				

** See explanation at page 3 of 23.

2 See explanation at page 3 of 23

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1998 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued)					
Longleaf Partners Fund – mutual fund, Kansas City, MO	G				
Brandywine Fund - mutual fund, Milwaukee, WI (sold in 1998)	A				
Vanguard Extended Market Portfolio – mutual fund, Philadelphia, PA	E				
Dividend receivable, Vanguard Extended Market Portfolio – mutual fund	C				
Dividend receivable, Longleaf Partners Fund – mutual fund	C				
Elizabeth Houghton Trust U/A 10/24/ (interest in I.15 income only)			Trust	VII	
Holdings consist of:					
Trusts (see holdings listed above)					
Market Street Fixed Income Trust I (share - .69%)	I	(3)			
Market Street Equity Trust I (share - .54%)	F	(3)			
Market Street Equity Trust II (share - .26%)	F	(3)			
Market Street Equity Trust III (share - .44%)	F	(3)			
Market Street Venture Trust I (share - 1.20%)	E	(3)			
Market Street Venture Trust II (share - .52%)	C	(3)			
Market Street International Equity Trust I (share - .48%)	F	(3)			
Market Street International Equity Trust II (share - .55%)	E	(3)			
Partnerships (see holdings listed above):					
Corning Associates VC-3 (share - .629%/.008%**)	C	(2)			
Market Street Trust Company Investment Partnership I (share - 1.13%/.06%**)	F	(2)			
Other:					
Corning Incorporated – common stock	I				
Principal cash – interest bearing (J P Morgan Delaware)	C				
Other cash – interest bearing (J P Morgan Delaware)	H				

** See explanation at page 3 of 23.
(2) See explanation at page 3 of 23
(3) See explanation at page 4 of 23

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Harbor International Fund – equity mutual fund, Toledo, OH (sold in 1993)	A				
Grantham, Mayo Van Otterloo & Co (GMO) Emerging markets Fund - mutual fund, Boston, MA (sold in 1993)	A				
GMO International Core Fund - mutual fund, Boston, MA (sold in 1993)	A				
GMO International Small Companies Fund – mutual fund, Boston, MA	D				
Morgan Stanley Emerging Markets Portfolio – mutual fund, Chicago, IL (sold in 1993)	A				
Newport Tiger Fund - mutual fund, San Francisco, CA (sold in 1993)	A				
Longleaf Partners Fund - mutual fund, Kansas City, MO	F				
Brandywine Fund - mutual fund, Milwaukee, WI (sold in 1993)	A				
Vanguard Extended Market Portfolio – mutual fund, Philadelphia, PA	E				
Dividend receivable, Longleaf Partners Fund – mutual fund	C				
Sidney Cole Trust U/W A.B. Houghton 12/10/34 - (interest in 1/3 income only)			Trust	VI	
Holdings consist of:					
Trust (see holdings listed above):					
Market Street Fixed Income Trust I (share - .16%)	F	(3)			
Market Street Equity Trust I (share - .15%)	D	(3)			
Market Street Equity Trust II (share - .27%)	F	(3)			
Market Street Equity Trust III (share - .14%)	D	(3)			
Market Street Venture Trust I (share - .37%)	D	(3)			
Market Street Venture Trust II (share - .14%)	C	(3)			
Market Street International Equity Trust I (share - .17%)	D	(3)			
Market Street International Equity Trust II (Share - .14%)	D	(3)			

3 See explanation at page 4 of 23

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1998 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR

SCHEDULE III ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued)					
Partnerships (see holdings listed above):					
Corning Associates (CA) (share - 19.3% - 002A**)	C	(2)			
Other:					
Corning Incorporated - common stock	C				
Other cash - interest bearing (J.P. Morgan Delaware)	F				
Harbor International Fund - equity mutual fund, Toledo, OH (sold in 1998)	A				
Grantham, Mayo Van Otterloo & Co. (GMO) Emerging markets Fund - mutual fund, Boston, MA (sold in 1998)	A				
GMO International Core Fund - mutual fund, Boston, MA (sold in 1998)	A				
GMO International Small Companies Fund - mutual fund, Boston, MA	C				
Morgan Stanley Emerging Markets Portfolio - mutual fund, Chicago, IL (sold in 1998)	A				
Newport Tiger Fund - mutual fund, San Francisco, CA (sold in 1998)	A				
Longleaf Partners Fund - mutual fund, Kansas City, MO	D				
Brandywine Fund - mutual fund, Milwaukee, WI (sold in 1998)	A				
Vanguard Extended Market Portfolio - mutual fund, Philadelphia, PA	D				
Jane C. Dewey Jr. Trust - Priscilla Dewey Houghton - beneficiary, interest in income only)			Trust	VII	
Holdings consist of:					
Common stock:					
Abbott Labs	F				
American Home Products Corp.	F				
Amp Inc.	D				
Atlantic Richfield Co.	D				
Automatic Data Processing Co	C				
Beacon PPTYS Corp (sold in 1998)	A				
Bellsouth Corp.	F				
Bestfoods Co	D				
Chevron Corp	E				

** See explanation at page 5 of 23

2 See explanation at page 5 of 23

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1998 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE III - ASSETS AND UNEARNED INCOME

Asset and/or Income Source	Valuation of Asset: Category of Value	Valuation of Asset: Alternative Valuation	Income: Type of Income	Income: Category of Income	Transaction
Trusts (Continued):					
Coca Cola Co.	F				
CPC International Inc. (sold in 1998)	A				
Equity Office Ppty's Trust Co	D				
FPL Group Inc	E				
General Electric Co	F				
Hewlett Packard Co	D				
Intel Corp.	D				
International Flavors & Fragances Inc. (sold in 1998)	A				
MBIA Inc.	D				
Minnesota Mining and Manufacturing Co.	E				
National City Corp.	E				
New England Electric	D				
Norfolk Southern Corp	C				
Reuters Holding plc	E				
Schering Plough Corp.	F				
Thermo Electron Corp (sold in 1998)	A				
Other:					
Federated Government Tax Managed Fund, Pittsburgh, PA	D				
Talbot Dewey Trust 11/20/80 - (Priscilla Dewey Houghton – benefit and interest in income only)			Trust	II	
Holdings consist of Common stock:					
American International Group	D				
American Home Products Corp	D				
Automatic Data Processing Inc	D				
Exxon Corp.	D				
FPL Group Inc.	D				
Intel Corp.	D				
Interpublic Group Consulting Inc.	D				
Minnesota Mining and Manufacturing Co.	C				
Sherwin Williams Co.	C				
Wachovia Corporation	D				
U.S. Government Obligations:					
Treasury notes	C				
Other:					
Federated Government Tax Managed Fund, Pittsburgh, PA	C				

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1995 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

IV - TRANSACTIONS

Identification of Asset	Transaction Type	Date	Amount of Transaction
Corning Incorporated - common stock	Gift (-)	12/18/93	D
Genetech Corporation - common stock	Sale	2/26/93, 4/30/93, 6/18/93, 8/18/93	F
Gemstar Internation Group Ltd - common stock	Sale	3/18/93, 11/20/93	E
Sun Microsystems - common stock	Gift (-)	12/18/93	C
Brandywine Fund - mutual fund	Sale	9/10/93	B
Longleaf Partners Fund - mutual fund	Purchase	9/10/93, 11/18/93	C

Market Street Equity Trust (MSET II) - During 1993, the Trust sold an equity interest (primarily common stock) in Cendant Corp. (Category H), Cisco Systems Inc. (Category H), Walt Disney Company (Category H), First Data (Category H), IMS Health Inc. (Category H), Microsoft Corp. (Category G), Monsanto Co. (Category H), Pfizer Inc. (Category G), Rentokil Group plc (Category H), purchased equity investments in Automatic Data Processing, Inc.(Category G), Autozone Inc. (Category H), Cognizant Corp. (Category G), Dollar General Corp. (Category H), First Data (Category G), General Electric Co. (Category H), Eli Lilly & Co. (Category H), McDonalds Corp. (Category H), Proctor & Gamble Co. (Category H), Walgreen Co. (Category H) and exchanged equity investment in Cognizant Corp. (Category H) for IMS Health Inc. (Category H). No other reportable transactions given the marginal personal investment in MSET II is less than 1% of 1% and the Congressman's direct interest in various other purchases or sales was below the $1,000 reporting threshold.

SCHEDULE V - LIABILITIES

Creditor	Type of Liability	Category
Amory Houghton Jr. Trust U/W A.B. Houghton	Notes Payable	F
Chase Manhattan Bank N.A., Corning, NY	Notes Payable on 76-78 East Market Street investment property	F
Chase Manhattan Bank N.A., Elmira, NY	Notes Payable	D

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Source	Dates	Point of Departure Destination Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was family member included? (Y/N)	Any time not at Sponsor's Expense? (Y/N)
Elliott School of International Affairs, The George Washington University - U.S./Japan Legislative Exchange Program	December 1-5	Boston, MA Tokyo, Japan Washington, DC	Y	Y	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT - 1998 FINANCIAL DISCLOSURE STATEMENT

AMORY HOUGHTON JR.

SCHEDULE VIII - POSITIONS

Non-Profit Affiliations
The Meadows Charitable Trust - Trustee
The Houghton Foundation - Trustee
The Washington Cathedral Chapter - Inactive Trustee
Corning Chamber of Commerce - Member
Corning Museum of Glass - Trustee

Director
Market Street Trust Company

Congressman Houghton is also a limited partner in each of the partnerships previously listed in Parts II and III with the exception of Acorn IV where he serves as a general partner.

SCHEDULE IX - AGREEMENTS

Date	Parties to	Terms of Agreement
2/87	Retired employee of Corning Incorporated and beneficiary of certain Company retirement pension and health plans	Benefits received in accordance with normal plan provisions (monthly)
2/87	Corning Incorporated (former employer)	Transportation benefits - any retired employee (or immediate family member) is permitted to travel on the Company plane subject to space availability and without charge. For income tax purposes only, income is imputed to the retiree based upon the prevailing commercial airline value of the trip and reported by the Company on federal Form-1099 MISC if in excess of $600. Congressman Houghton may also elect to reimburse Corning Incorporated, based on the prevailing commercial airline value of the trip, for use of the Company plane.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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99 MAY 14 AM 7:42
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(5)

STENY H. HOYER
(Full Name)

1705 LONGWORTH HOUSE OFFICE BUILDING, WASHINGTON, D.C. 20515 — 202-225-4131
(Mailing Address) — Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State: Maryland District: 05	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [x]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year) 5/13/99

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Name STENY H. HOYER	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Law Office - Steny H. Hoyer (attributed pre '91 leagal fees for services rendered prior to 12/31/90)		$700.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: STENY H. HOYER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp Stock					X								X										X							P
	Simon & Schuster			Indefinite																Royalties								X			
	1st Bank of Paducah, KY accounts						X									X									X						
	Keogh-Legg Mason							X													NA										
	Mass Cash Mgmt		X													X						X									
	Md. State Retirement			X																	NA										
	Legg Mason			X																		X									
	Cong. Fed. Credit Union				X																		X								

For additional assets and unearned income, use next page.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Harvard Univ-Kennedy School	May 1	Wash.,DC-Boston	N	N	N	N
	Nat.Cable TV Assoc	May 2-4	New Orleans-Atlanta-Wash,DC	Y	Y	N	N

This page may be copied if more space is required.

Name STENY H. HOYER	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	University of Maryland Systems Board of Regents
Member	University of Maryland Chancellor's Advisory Council
Member	St. Mary's College Board of Trustees
Member	Baltimore Council of Foreign Affairs
Member	Naval Academy Board of Visitors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only) 5

Kenny Charles Hulshof
(Full Name)

24 Bingham Road
(Mailing Address)

Columbia MO 65203
Daytime Telephone 573/874-1682

Filer Status	[X] Member of the U S House of Representatives	State MO District 09	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule II.** Yes [X] No [ ]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** Yes [ ] No [X]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** Yes [ ] No [X]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** Yes [X] No [ ]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: Kenny C. Hulshof

DATE (Month/Day/Year) 5/14/99

1764

Name Kenny Charles Hulshof	Page 1 of 1

SCHEDULE I EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Vangel Associates	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Kenny Charles Hulshof	Page 1 of 1

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraium. A separate confidential list of charities receiving such payments must be filed directly with the Committe on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$ 500
	KMart	appearance/race	9/16/98	$500.00

Name Kenny Charles Hulshof	Page 1 of 1

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
	Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reporting year. Exclude: Your personal residence(s) (unless rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP DC JT	*Examples:* SP Mega Corp. Stock 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
	MO State Employees Retirement System	$1,001 - $15,000	Dividends	None	
SP	American Century Investment	$15,001 - $50,000	Dividends	None	
JT	First National Bank, Columbia, MO Accounts	$1,001 - $15,000	Interest	$1 - $200	
JT	NationsBank, Columbia, MO Accounts	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.
Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
American Farm Bureau	1/10/98 - 1/12/98	Columbia, MO - Charlotte, NC - Columbia, MO	Y	Y	N	N
New York Stock Exchange	4/27/98 - 4/28/98	St. Louis, MO - New York, NY - Washington, DC	Y	N	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:48
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

DUNCAN LEE HUNTER
(Full Name)

2265 Rayburn HOB
(Mailing Address)

Daytime Telephone: (202) 225-5672

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State CA District 52	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Duncan Lee Hunter

DATE (Month/Day/Year) 5/17/99

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Name	DUNCAN LEE HUNTER	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Speciality Foods Network, Cleveland, Ohio	Spouse Sales	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DUNCAN LEE HUNTER | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	E: $50,001 – $100,000	F: $100,001 – $250,000	G: $250,001 – $500,000	H: $500,001 – $1,000,000	I: $1,000,001 – $5,000,000	J: $5,000,001 – $25,000,000	K: $25,000,001 – $50,000,000	L: Over $50,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other: Type of Income (Specify. For Example, Partnership Income or Farm Income)	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: $1,000,001 – $5,000,000	X: Over $5,000,000	XI	Block E: P, S, E
SP. DC. JT	*Examples*				Indefinite	X								X						Royalties				X						X			P
SP	Mega Corp Stock																																
	Simon & Schusler																																
	1st Bank of Paducah, KY accounts						X									X																	
JT	House, Walney Rd, Chantilly VA								X						X					1/1/99-10/1/99						X							
JT	Stable/Barn, Chantilly, VA					X									NONE						X												
	2 Acres, Warren Cty, VA					X									NONE						X												
	Cabin #2, Warren Cty, VA					X									NONE						X												
JT	5/8 Acre Lot, Riverside, CA					X									NONE						X												
JT	Cong Fed Credit Union, DC						X							ENTREST				MONEY DEPOSIT				X											

For additional assets and unearned income, use next page.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x						
JT	Congressional Fed Credit Union, Wash,DC	Personal Loan	X									
JT	NationsBank, Industry City, CA	Mortgage/Chantilly,VA House				X						
	I. Moskey, Sterling, VA,	Loan-Warren Cty, Mtn Acres	X									
JT	Valley de Oro Bank, El Cajon, CA	Personal Loan		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Co-Chairman	National Security Caucus
Board Member	American Conservative Union
Partner	Cabin #2 with Pete Geren & Al Tierney in Blue Ridge Mtns, Warren Cty, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1999-55-195 (mac)

Use additional sheets if more space is required.

DUNCAN HUNTER
52ND DISTRICT, CALIFORNIA

CHAIRMAN

2185 RAYBURN BUILDING
WASHINGTON, DC 20515-0552
(202) 225-5672
FAX: (202) 225-0235

300 SOUTH PIERCE STREET
EL CAJON, CA 92020
(619) 579-3001

1101 AIRPORT ROAD, SUITE G
IMPERIAL, CA 92251
(760) 353-5420

99 MAY 26 PM 4:53

HAND DELIVERED

U.S. House of Representatives
Washington, DC 20515-0552

May 26, 1999

Honorable Jeff Trandahl
Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon HOB
Washington, DC 20515

MC

Dear Mr. Trandahl: Re: Amendment to 1998 Financial Disclosure Statement
Dated May 17, 1999

It has come to my attention that I made a typographical error on my 1998 Financial Disclosure Statement, and I must amend that disclosure as follows:

Page 3 or 5 Assets and Unearned Income

Asset 2 acres, Warren Cty, VA

ASSET SHOULD BE LISTED AS 25 ACRES, WARREN CTY. VA.

Please treat this letter as an amendment to my financial disclosure statement for calendar year 1998.

Thank you for your kind attention to this request.

Sincerely,

Duncan Lee Hunter
Member of Congress

DLH/mmp

RECEIVED

99 MAY 17 PM 4:42

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

7

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

Form A
For use by Members, officers, and employees

William Asa Hutchinson
(Full Name)

1108 Adelaide Avenue
(Mailing Address)

Fort Smith AR 72901

Daytime Telephone
202-2254301

Filer Status	[X] Member of the U S House of Representatives	State AR District 03	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)		[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i e , aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11)	Yes [ ]	No [X]
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U S C app 4, 104 and 18 U S C 1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/17/99

1775

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorara; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Karr & Hutchinson Law Firm, Fort Smith, AR	Hutchinson Gross Attorney Fees	0
	*The specific client fees are not enumerated because the information is privileged under law.	Net Income	0
	Fort Smith Public Schools	Spouse Salary-Substitute Teacher	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium.
A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1994	$2,000
XYZ Magazine	Article	Aug. 13, 1994	$500
Casuality and Property Group, Washington, D.C.	Speaking Engagement	5/21/98	$ 500
Western Regional Council, Phenoix, AZ	Speaking Engagement	11/5/98	$ 500
K-MART Race Against Drugs, Washington, D.C.	Race	9/16/98	$ 2,000

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

	BLOCK A **Asset and/or Income Source** Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed*, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account. **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see Instructions, pages 14-20	BLOCK B **Value of Asset** at close of reporting year If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	BLOCK C **Type of Income** If other than one of the listed categories, specify the type of income by writing a brief description in this block	BLOCK D **Amount of Income** For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	BLOCK E **Transaction** Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year
SP, DC, JT	*Examples* SP: Mega Corp. Stock	$15,001 - $50,000	Dividends	$201 - $1,000	P
	123 Main St., Dover, Del.	$250,001 - $500,000	Rent	$1,001 - $2,500	
	1st Bank of Paducah, KY accounts	$50,001 - $100,000	Interest	$5,001 - $15,000	
JT	First National Bank, Ft. Smith, Checking	$1,001 - $15,000	Interest	None - $200	
	National Travelers Life Insurance-Annuity Fund	$1,001 - $15,000	Interest	$201 - $1,000	
	City National Bank, Ft. Smith Checking	None - $1,000	Interest	None - $200	

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.
Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21-22.

SP,DC,J	Creditor	Type of Liability	Amount of Liability
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	City National Bank, Ft. Smith	Promissory Notes	$15,001 - $50,000
	First National Bank, Ft. Smith	Promissory Note-Personal	$50,001 - $100,000
	MBNA, Wilmington, Delaware	Personal Loans	$15,001 - $50,000
	First National Bank, Ft. Smith	Promissory Note-Business	$10,001 - $15,000
	Travelers Bank, Carol Stream, Ill	Person Loan	$10,001 - $15,000

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. 7342); travel paid for by a Federal political committee, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24-26.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples Chicago Chamber of Commerce	Mar 2	Wash., D.C.-Chicago-Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6-13	Wash., D.C.-Los Angeles-Cleveland	Y	Y	Y	4 Days
Western Regional Council	November 12-13	FSM-Phenioxx-FSM	Y	Y	N	None

SCHEDULE IX -- AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, pages 26-27

Date	Parties To	Terms of Agreement
12/31/96	Charles Karr	Agreement on Termination of Hutchinson & Karr Partnership regarding payout for legal fees earned but not collected before termination

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
99 MAY 17 PM 12:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Henry J. Hyde
(Full Name)

2110 Rayburn House Office Building — 202-225-4561
(Mailing Address) — Daytime Telephone

Washington, D.C. 20515

Filer Status	[x] Member of the U S House of Representatives — State Illinois, District 6	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[x] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e g , salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U S C app. 4, §104 and 18 U S C §1001)

SIGNATURE OF REPORTING INDIVIDUAL — Henry J. Hyde

DATE (Month/Day/Year) 5-17-99

1782

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Illinois General Assembly Retirement	Legislative Pension	$6466.20

For payments to charity in lieu of honoraria, use Schedule II.

Name Henry J. Hyde | Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500
	National College of Chiropratic, Lombard, Illinois	speech	8-22-98	$500.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry J. Hyde

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset	Block C: Type of Income	Block D: Amount of Income	Block E: Transaction
SP, DC, JT		A None; B $1 – $1,000; C $1,001 – $15,000; E $15,001 – $50,000; F $50,001 – $100,000; G $100,001 – $250,000; H $250,001 – $500,000; I $500,001 – $1,000,000; J $1,000,001 – $5,000,000; K $5,000,001 – $25,000,000; L $25,000,001 – $50,000,000; Over $50,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST; Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; X $1,000,001 – $5,000,000; XI Over $5,000,000	P, S, E
SP	Mega Corp. Stock		X		P
DC	Simon & Schuster	Indefinite		X	
JT	1st Bank of Paducah, KY accounts	X	X	X	
	Congressional Federal Credit Union, Washington D.C.	X	X	X	
	White House Federal Credit Union, Washington, D.C. (IRA)	X	X	NA/ IRA	

Examples

Royalties

For additional assets and unearned income, use next page.

Name Henry J. Hyde | Page 5 of 5

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Chicago Mercantile Exchange & Chicago Board of Trade	Mar. 20-22	Wash., D.C.-West Palm Beach-Wash., D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 17 PM 4:49

U.S. HOUSE OF REPRESENTATIVES

(6)

HAND DELIVERED
(Office Use Only)

Jay Robert Inslee
(Full Name)

5 79 Azulea NE
(Mailing Address)

Bainbridge WA 98110
Daytime Telephone 206-780 5226

Filer Status	[X] Member of the U.S. House of Representatives — State: WA District: 1	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[ ] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/17/99

1787

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	Department of Health & Human Services	Salary	43,300 -
	Steven Schwager, D.D.S.	Spouse Salary	8,750 -

For payments to charity in lieu of honoraria, use Schedule II.

Name Jay Robert Inglee | Page 5 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E, P
SP	Mega Corp Stock					X								X																		
DC	Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X																
SP	Smith Barney Money Market Funds		X											X																		
SP	Eli Lilly & Co		X														X				X											S
SP	Microsoft				X																X											
SP	Real Networks			X																	X											
JT	Wells Fargo			X												X						X										
DC	Microsoft			X																	X											

For additional assets and unearned income, use next page.

58-073 99 - 57

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay Robert Inslee

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
DC	Microsoft			X																	X											
DC	Real Networks			X																	X											
DC	Real Networks			X																	X											
	Smith – Money Fund																															
	SRA																															
	holding following assets																															
	- Intel				X																											
	- Microsoft				X																X											
	- Real Networks				X																X											
	- Starbucks			X																	X											
	- Lord Abbett Rev. Growth			X										X			X				X											
	- Marsday Fund				X																	X										
	- Cisco	X																			X											S
	- Hewlett Packard	X												X								X										S

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SCHEDULE IV — TRANSACTIONS

Name Jay Robert Inslee | Page 5 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
SP	Intel Corporation		X		8-19-98	X									
DC	Intel Corporation		X		10-5-98	X									
DC	Real Networks		X		10-5-98	X									
SP	Eli Lilly		X		2-24-98	X									
	Real Networks	X			3-20-98	X									
	Real Networks	X			3-27-98	X									
	Cisco		X		3-20-98	X									
	Hewlett Packard		X		3-27-98	X									

This page may be copied if more space is required.

Name	Page
Jay Robert Inslee	6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Washington Wildlife + Recreation Coalition
Board Member	Washington Conservation Voters.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 13 PM 12:42
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC HAND DELIVERED (12)
(Office Use Only)

John Hardy Isakson
(Full Name)

5074 Hampton Farms Drive
(Mailing Address)

Marietta, Georgia 30068

Daytime Telephone: 202-225-4501

Filer Status	[X] Member of the U.S. House of Representatives	State: GA District: 6	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): 5-13-99

SCHEDULE I — EARNED INCOME

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	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	First Multiple Listing Service	Directors Fee	10,750.00
	SunTrust Bank	Directors Fee	800.00
	Riverside Bank	Directors Fee	6,600.00
	Northside Realty (Fairgreen Capital)	Salary	308,775.00
	Cest Moi	Spouse Salary	10,044.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Johnny Isakson | Page 2 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

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BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

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BLOCK D — Amount of Income

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Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B											Block C							Block D											Block E
			A None	B $1 – $1,000	C $1,001 – $15,000	E $15,001 – $50,000	F $50,001 – $100,000	G $100,001 – $250,000	H $250,001 – $500,000	I $500,001 – $1,000,000	J $1,000,001 – $5,000,000	K $5,000,001 – $25,000,000	L $25,000,001 – $50,000,000	Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	Over $5,000,000	P, S, E
SP, DC, JT	*Examples:*	SP	Mega Corp Stock				X								X										X							P
			Simon & Schuster		Indefinite																Royalties								X			
			1st Bank of Paducah, KY accounts					X									X									X						
	Stock Stricklin Capital #								X							X	X	X			SCORP							X				
	5074 HAMPTON FARMS DRIVE (RESIDENCE)								X													X										
	FIDELITY PURITAN MUTUAL FUND					X									X			X							X							
	FIDELITY ADVISORS G&O MUTUAL FUND				X										X			X							X							
	TEMPLETON GROWTH MUTUAL FUND					X									X			X							X							
	EVERGREEN GROWTH & INCOME MUTUAL FUND				X										X			X							X							

For additional assets and unearned income, use next page.

REAL ESTATE OWNED BY FAIRGREEN CAPITAL L.P. OF WHICH STRICKLIN CAPITAL IS THE GENERAL

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Johnny Isakson

Page 3 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	FORD MOTOR CREDIT NOTE				X											X								X								
	US TREASURY NOTE				X											X							X									
	US TREASURY NOTE				X											X							X									
	MCI CAPITAL PREFERRED STOCK				X									X										X								
	AIM STIC PRIME PORTFOLIO				X											X							X									
	ABBOTT LABS STOCK				X									X									X									
	AMERICAN EXPRESS STOCK						X							X										X								
	BJ SERVICES STOCK			X										X								X										
	BURLINGTON RES INC STOCK			X										X								X										
	CHUBB CORP STOCK			X										X								X										
	COMPAQ COMPUTER STOCK			X										X								X										
	WALT DISNEY CO STOCK					X								X									X									
	GANNETT INC STOCK						X							X										X								
	GENERAL ELECTRIC STOCK				X									X									X									
	MEDIA ONE GROUP STOCK			X										X							X											
	OMNICOM GROUP INC STOCK				X									X									X									
	SHERWIN WILLIAMS STOCK				X									X								X										
	SYSCO CORP STOCK				X									X								X										
	STI CLASSIC FUNDS MUTUAL FUND						X							X											X							
	SUNTRUST BANK STOCK				X									X										X								
	SUNTRUST PERSONAL EQUITY FUND							X						X												X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	SUNTRUST TAX FREE RESERVE FUND							X								X										X						
	SUNTRUST TAX FREE RESERVE				X											X							X									
	ALLSTATE CORP (STOCK)					X								X			X						X									X P
	AM. INT'L GROUP INC (STOCK)					X								X									X									
	AMGEN INC (STOCK)						X							X			X				X											X P
	AMBRESCO INC (STOCK)			X										X			X				X											X S
	BANK AMERICA (STOCK)					X								X										X								
	BLOUNT INTL INC (STOCK)				X									X			X						X									X S
	CAMPBELL SOUP CO (STOCK)					X								X										X								
	CITI GROUP INC (STOCK)					X								X										X								
	COCA COLA (STOCK)					X								X										X								
	EDGE BANK SHARES (STOCK)				X									X									X									
	ERICSSON L. M. TEL STOCK				X									X			X						X									X S
	HOME DEPOT (STOCK)						X							X										X								
	IBM (STOCK)					X								X									X									
	MCI WORLDCOM (STOCK)					X								X							X											X P
	MERCK & CO. INC (STOCK)				X									X			X						X									X S
	MICROSOFT (STOCK)						X							X							X											
	POST PROPERTIES (STOCK)				X									X										X								
	PROTECTIVE LIFE (STOCK)				X									X									X									X P
	QWEST COMMUNICATIONS (STOCK)						X							X							X											
	REGIONS FINANCIAL (STOCK)					X								X										X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 5 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	SOUTHTRUST CORP (STOCK)								X					X			X								X							X S
	STAPLES INC (STOCK)						X							X							X											
	STRYKER CORP (STOCK)			X										X								X										X P
	WEST POINT STEVENS (STOCK)				X									X							X											X P
	FIRST STERLING BANK (STOCK)							X						X										X								
	RIVERSIDE BANK (STOCK)						X							X							X											
	WACHOVIA BANK C.D.						X									X								X								
	SOUTHTRUST BANK C.D.						X									X								X								
	SUNTRUST BANK C.D.						X									X								X								
	MASS MUTUAL INS CASH VALUE						X							X		X					X											
	MONY INSURANCE CASH VALUE				X									X		X					X											
	INDIANAPOLIS LIFE (CASH VALUE)				X									X		X					X											
	LINCOLN LIFE (CASH VALUE)				X									X		X					X											
	STRICKTIDE L.P. (OIL & GAS)				X											X	X			Royalty				X								
	RMI L.P. (OIL & GAS)				X											X	X			"					X							
	STRICO BRITIAN (OIL & GAS)				X											X	X			"				X								
	STRICO CHEETAH (OIL & GAS)				X											X	X			"				X								
	STRICO OUTPUT (OIL & GAS)				X											X	X			"				X								
	SG LOTS CHEROKEE OVERLOOK CHEROKEE COUNTY							X									X										X				X S
	VIL INTEREST IN 54 ACRES ROUGLAS COUNTY					X											X				X											
	SEA PINES TIMESHARE HILTON HEAD S.C.				X																X											
	50% INTEREST IN 4 ACRES CHEROKEE COUNTY				X												X				X											

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
	165.2 ACRES MAYEN ROAD RABUN COUNTY						X														X											
	807 UNIVERSITY TOWERS CONDO ATHENS GA				X										X										X							
	42'S LLC 8 CONDO'S ATHENS GA						X								X											X						
	4 ACRES HWY 441 4 ACRES COUNTY						X										X				X											
	SMITH BARNEY AGGRESSIVE GROWTH FUND					X										X	X							X								
	FEDERAL NATIONAL MTG ASSOCIATION (FNMA)					X								X									X									

8 CONDO RENTAL UNITS IN ATHENS, GA

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SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

DC, JT, SP	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example Mega Corporation Common Stock	X			10–12–98		X								
	CHEROKEE OVERLOOK (LAND)		X		8-12-98			X							
	" "		X		9-28-98		X								
	" "		X		10-27-98		X								
	" "		X		11-28-98		X								
	" "		X		9-29-98		X								
	CALLAWAY GOLF CO. (STOCK)		X		8-8-98	X									
	COCA COLA ENTERPRISES (STOCK)		X		8-14-98	X									
	ERICSSON L.M. TEL (STOCK)		X		11-23-98		X								
	IMNET SYSTEMS INC (STOCK)		X		8-7-98		X								
	MOTOROLA INC (STOCK)		X		7-29-98	X									
	NEW YORK TIMES (STOCK)		X		9-21-98	X									
	ROPER INDUSTRIES (STOCK)		X		8-7-98		X								
	TELLABS INC (STOCK)		X		5-18-98		X								
	TIFFANY & CO (STOCK)		X		10-7-98		X								
	AMRESCO INC (STOCK)		X		10-7-98	X									
	BLOUNT INTL (STOCK)		X		7-28-98	X									

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1800

SCHEDULE IV — TRANSACTIONS

Name

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

DC, JT, SP	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: Mega Corporation Common Stock	X			10–12–98		X								
	MERCK & CO. (STOCK)		X		7-23-98	X									
	SIRROM CAPITAL CORP (STOCK)		X		7-31-98		X								
	SOUTHATRUST CORP. (STOCK)		X		2-19-98			X							
	VLASIC FOODS (STOCK)		X		4-16-98	X									
	WEST POINT STEVENS (STOCK)	X			12-10-98	X									
	AMRESCO INC (STOCK)	X			10-22-98	X									
	GANNETT CO. INC (STOCK)	X			9-24-98		X								
	ERICSSON L.M. TEL (STOCK)	X			8-12-98	X									
	NEW YORK TIMES (STOCK)	X			8-12-98	X									
	PROTECTIVE LIFE (STOCK)	X			8-12-98	X									
	TIFFANY & CO (STOCK)	X			8-12-98		X								
	MCI WORLDCOM (STOCK)	X			8-12-98	X									
	ALLSTATE (STOCK)	X			8-19-98	X									
	STRYKER CORP (STOCK)	X			8-19-98	X									
	AMGEN INC (STOCK)	X			6-26-98	X									
	CALLAWAY GOLF (STOCK	X			5-19-98	X									

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	WACHOVIA BANK, GEORGIA	MORTGAGE: 5074 HAMPTON FARMS DR & L.O.C.				X						
	SOUTHTRUST BANK	MORTGAGE CHEROKEE OVERLOOK					X					
	SUNOVUS MORTGAGE CORP	MORTGAGE ON 5074 HAMPTON FARMS DR				X						
	RIVERSIDE BANK	LOAN GUARANTEE						X				
	ROBINSON HUMPHREY	MARGIN ACCOUNT		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
	NA	

Name	Page 18 of 18

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
CEO, BOARD MEMBER	FAIRGREEN CAPITAL L.P.
DIRECTOR	RIVERSIDE BANK
ADVISORY DIRECTOR	SUNTRUST BANK
DIRECTOR	FIRST MULTIPLE LISTING SERVICE
TRUSTEE	KENNESAW STATE UNIVERSITY
BOARD CHAIRMAN	THE GEORGIAN CLUB
DIRECTOR	THE REALTY ALLIANCE
BOARD MEMBER	THE TRUST FOR PUBLIC LAND
BOARD MEMBER	GEORGIA CHAMBER OF COMMERCE
BOARD MEMBER	ATLANTA CHAMBER OF COMMERCE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
12-18-98	FAIRGREEN CAPITAL AND JOHNNY ISAKSON	PAYMENT FOR PERFORMANCE BONUS
11-16-95	STATE OF GEORGIA HEALTH BENEFIT PLAN AND JOHNNY ISAKSON	FOR 19 YEARS OVER TIME UPON RETIREMENT AFTER 8 OR MORE YEARS OF SERVICE A MEMBER OF THE GA. GENERAL ASSEMBLY MAY CONTINUE AND ASSUME THE COST OF HEALTH INS.
12-31-98	FAIRGREEN CAPITAL AND JOHNNY ISAKSON	UPON LEAVE OF ABSENCE MAY MAINTAIN AND PAY MEDICAL INSURANCE

ATTACHMENT

02/17/99

LIST OF REAL ESTATE OWNED BY FAIRGREEN CAPITAL, LP
AS OF DECEMBER 31, 1998
FILE - 98LANDJI

	NAME	TYPE	ADDRESS	City
1	NORTHSIDE TOWER	COMMERCIAL BUILDING	6065 ROSWELL ROAD	ATLANTA
2	ROSWELL OFFICE PARK	THREE COMMERCIAL BUILDINGS	620 HOLCOMB BRIDGE ROAD	ROSWELL
3	NORTHSIDE INSURANCE BUILDING	COMMERCIAL BUILDING	11040 CRABAPPLE ROAD	ROSWELL
4	COMMERCIAL BUILDING	COMMERCIAL BUILDING	45 CROSSVILLE ROAD	ROSWELL
5	POLO GOLF AND COUNTRY CLUB	COUNRTY CLUB	6300 POLO DRIVE	CUMMING
6	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	5998 LAKE FOREST DRIVE	ATLANTA
7	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	10915 HIGHWAY 9	ALPHARETTA
8	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	1636 MOUNT VERNON ROAD	ATLANTA
9	~~NORTHSIDE REALTY OFFICE~~ 2.Y DEL.	COMMERCIAL ~~BUILDING~~ LAND	200 SOUTH MAIN STREET	ALPHARETTA
10	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	483 INDIAN TRAIL ROAD	LILBURN
11	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	4177 ROSWELL ROAD	ATLANTA
12	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	1320 WEST PACES FERRY ROAD	ATLANTA
13	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	2675 MAIN STREET WEST	SNELLVILLE
14	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	900 WHITLOCK AVENUE	MARIETTA
15	NORTHSIDE REALTY OFFICE	COMMERCIAL BUILDING	2601 SANDY PLAINS ROAD	MARIETTA
16	POLO SUBDIVISION	95 LOTS AND RAW ACREAGE	FORSYTH COUNTY	CUMMING
17	WILD TIMBER SUBDIVISION	41 LOTS AND RAW ACREAGE	GWINNETT COUNTY	SUGAR HILL
18	EDENWILDE SUBDIVISION	13 LOTS AND RAW ACREAGE	FULTON COUNTY	ROSWELL
19	GRAND VERIDIAN SUBDIVISION	4 LOTS AND RAW ACREAGE	FULTON COUNTY	ROSWELL
20	ONE HALF ACRE	LOT	1585 WEST WESLEY ROAD	ATLANTA
21	3 ACRES	UNDEVELOPED LAND	HEMBREE ROAD	ROSWELL
22	2 ACRES	UNDEVELOPED LAND	HENDERSON VILLAGE	ROSWELL
23	STRIP OF LAND	UNDEVELOPED LAND	MANSELL ROAD	ROSWELL
24	STRIP OF LAND	UNDEVELOPED LAND	ROCKBRIDGE	DEKALB
25	6 ACRES	UNDEVELOPED LAND	CRABAPPLE ROAD	ROSWELL
26	16 ACRES	UNDEVELOPED LAND	HARDSCABBLE ROAD	ROSWELL
27	WILDETIMBER SUBDIVISION	DEVELOPED LOTS AND RAW ACREAGE	RAMEY ROAD	GWINETT

10:40 AM

JOHNNY ISAKSON
8TH DISTRICT, GEORGIA

HAND DELIVERED

99 MAY 26 AM 11: 13

WASHINGTON OFFICE
2428 RAYBURN BUILDING
WASHINGTON, DC 20515-1006
(202) 225-4501

Congress of the United States
House of Representatives
Washington, DC 20515–1006

May 25, 1999

Mr. Jeff Trandahl
Clerk of the House of Representatives
Legislative Resource Center
B106 Cannon HOB
Washington, DC 20515

Dear Mr. Trandahl:

Pursuant to the rules of the House, I filed my Financial Disclosure Statement (Form A) on May 17th for the year 1998. On December 31, 1998, I filed the Financial Disclosure Statement (Form B) required for candidates.

Schedule 1 differed between Form B and Form A. When Form B was filed I estimated income numbers, due to the unavailability of all necessary data, and when Form A was filed I used the exact numbers from my tax filing. The only major difference between the two was the income from Northside Realty (Fairgreen Capital). The reason for the difference was that I included on Form B my estimate of the incentive compensation I had earned but would not be paid until the end of the first quarter of 1999. The incentive was paid at the end of the first quarter of 1999 and will be reported on the filing for 1999.

The difference on First Multiple Listing Service, SunTrust Bank, Riverside Bank and Cest Moi amounts was only because Form B used estimates, and Form A used W-2 or 1099 numbers. The only other difference between the two filings was on Schedule III. On Form A I reported B.J.Services stock which did not appear on Form B filed at the end of last year. The reason for it not appearing on Form B was because the purchase was made by a revocable trust managed by Suntrust Banks which only reports purchases and sales after the end of a quarter and I did not receive the information until January 31, 1999.

If there are any questions please do not hesitate to call my office.

Sincerely,

Johnny Isakson

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

99 MAY 21 PM 12: 14
U.S. HOUSE OF REPRESENTATIVES

Ernest James Istook, Jr.
(Full Name)

6113 Inland
Warr Acres, OK 73132
(Mailing Address)

Home: (405) 722-3366
OK ofc.: (405) 942-3636
DC ofc.: (202) 225-2132
Daytime Telephone

MC
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Filer Status	☒ Member of the U.S. House of Representatives	State: Oklahoma District: 5th	☐ Officer or Employee — Employing Office
Report Type	☒ Annual (May 17)	☐ Amendment	☐ Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☐
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Ernest James Istook Jr.

DATE (Month/Day/Year) 5/17/99

1806

Name	Page 2 of 8
ISTOCK, Ernest James Jr.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source		Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
Columbia Presbyterian Hospital, 700 NE 13th, OKC, OK 73104		Spouse Income (Registered Nurse)	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name: 1STOOK, Ernest James, Jr.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year; and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset (A) None	(B) $1 – $1,000	(C) $1,001 – $15,000	(E) $15,001 – $50,000	(F) $50,001 – $100,000	(G) $100,001 – $250,000	(H) $250,001 – $500,000	(I) $500,001 – $1,000,000	(J) $1,000,001 – $5,000,000	(K) $5,000,001 – $25,000,000	(L) $25,000,001 – $50,000,000	Over $50,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	Amount of Income: (I) None	(II) $1 – $200	(III) $201 – $1,000	(IV) $1,001 – $2,500	(V) $2,501 – $5,000	(VI) $5,001 – $15,000	(VII) $15,001 – $50,000	(VIII) $50,001 – $100,000	(IX) $100,001 – $1,000,000	(X) $1,000,001 – $5,000,000	(XI) Over $5,000,000	Transaction (P, S, E)
SP	SP Mega Corp. Stock					X								X										X								P
DC	*Examples:* Simon & Schuster			Indefinite																Royalties									X			
JT	1st Bank of Paducah, KY accounts						X									X										X						
	Farmer Insurance Partnership 5th N. Grand & G113 Inland, OKC			X																	X											
	1Stook & Assoc., P.C., stock			X																	X											
JT	First Fidelity Bank West Acres, ND			X																			X									
JT	Home - G113 Inland West Acres, OK						X														X											
	IRA Received - Scudder Japan Fund, Boston, MA		X														X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: ISTOAK, Ernest James, Jr.

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: m, s, p
	The following are held via self-directed retirement plan of Istoak & Associates, P.C.																															
	– Judy McKinney – Beneficiary, ok																															
	Prom. Note & Mtg.				X																X											
	– Ron Pine, Aaron & Julie Keeling																															
	Chandler & Degow, ok																															
	Prom. Note & Mtg. – In Bankruptcy				X																X											
	– Ernest & Judy Istoak – West Avery, ok																															
	Prom. Note & Mtg.					X															X											
	– 20th Century Ultra Fund																															
	Kansas City, Mo.			X										X			X						X									
	– Am Century Equity Growth Fund																															
	Kansas City, Mo.			X										X			X						X									
	– Am Century Income & Growth Fund																															
	Kansas City, Mo.			X										X			X						X									
	– Benham Prime Money Mkt. Fund																															
	Kansas City, Mo.			X										X			X					X										
	Federal Employees																															
	Thrift Savings Plan				X									X			X								X							

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Name: /STRUK, Ernest James, Jr.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10–12–98		X								
	All are transactions of self-directed retirement plan via Struk & Associates, P.C.														
	- 20th Century Ultra Fund	X			4/23/98	X									
	- Am. Century Equity Growth Fund	X			4/23/98	X									
	- Am. Century Income & Growth Fund	X			4/23/98	X									
	- Benham Prime Money Market Fund	X			9/1/98	X									

This page may be copied if more space is required.

Name: ISTOCK, Ernest James Jr.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First USA Bank, Wilmington, DE	Revolving Account	X									
	MBNA America Bank, Wilmington, DE	Revolving Account	X									

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 7 of 8
ISTOOK, Ernest James, Jr.	

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Republican National Committee	June 11-13	Wash., D.C.-Aspen, CO-OKC, OK	Y	Y	N	N
	Sinclair Oil Co.	Sept. 18-19	Wash., D.C.-Sun Valley, ID-OKC, OK	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President & Director	Istock & Associates, P.C., Oklahoma City, OK

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-186 (mac)

Use additional sheets if more space is required.

ERNEST J. ISTOOK, JR.
5TH DISTRICT, OKLAHOMA

COMMITTEE
APPROPRIATIONS
SUBCOMMITTEES
CHAIRMAN
DISTRICT OF COLUMBIA
LABOR, HHS, AND EDUCATION
DEFENSE

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BARTLESVILLE, OK 74003
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istook@mail.house.gov

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June 8, 1999

Mr. Jeff Trandahl
Clerk
Office of the Clerk
H-154 of the Capitol
Washington, DC 20515

Dear Mr. Trandahl.

This is to inform you that I inadvertently left the question in Section VIII of my 1998 Financial Disclosure Statement blank. Regarding the question in Section VIII, "did you hold any reportable positions on or before the date of filing in the current calendar year?", I wish to answer for the record in the affirmative. Please include this letter with my completed 1998 Financial Disclosure Statement.

Should you have any questions regarding this matter, please feel free to contact me in my office.

Thank you.

Sincerely,

Ernest J. Istook, Jr.
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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Jackson, Jesse, Jr.
(Full Name)

313 Canon Building — 202-225-0773 U.S.
(Mailing Address) — Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Illinois District: 2nd	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL — **DATE** (Month/Day/Year) 5/17-99

1815

Name	Jackson, Jesse, Jr.	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	U.S. Information Agency	Spouce salary	$39,494

For payments to charity in lieu of honoraria, use Schedule II.

Name Jackson, Jesse, Jr.	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
	XYZ Magazine	Article	Aug. 13, 1998	$500

This page may be copied if more space is required.

Name Jackson, Jesse, Jr. Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P, S, E
SP, DC, JT	*Examples:* SP Mega Corp. Stock					X								X										X								P
	Simon & Schuster			indefinite																Royalties								X				
	1st Bank of Paducah, KY accounts						X									X																
	Putnam Asset Alloc Gr-A(SEP IRA)			X										X			X								X							-
	Putnam Dividend Inc-B	X												X										X								S
	Putnam Grth & Inc-B	X												X			X						X									S
	Putnam Gr & Inc II-B	X												X			X						X									P,S
	Putnam Muni Income-B	X												X			X							X								S
	Putnam Tax Free Hi Yld-B	X												X			X							X								S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jackson, Jesse, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
	Putnam Tax Free Insrd-B	X												X																		S
	Put. Asst Alloc Grth-A(SEPIRA)			X										X			X						X									-
	Put. Equity Income-B		X											X									X									P,S
	Put. New Opportunites-B	X																			X											S
	Put. New Value-B	X																			X											S
	Put. Capital Apprec(SEPIRA)				X									X			X							X								
	John Hancock Spcl Eq-A(SEPIRA)		X																			X										
	MFS Research-B	X																			X											S
	MFS Total Return-B	X												X			X						X									S
	American Invst Co of Amer				X									X									X									P

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SCHEDULE IV — TRANSACTIONS

Name Jackson, Jesse, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Putnam Growth and Income-B		X		5-21-98		X								
	Putnam Growth and Income II_B		X		"		X								
	Putnam Taxfree Insured-B		X		"		X								
	MFS Research-B		X		7-15-98	X									
			X		6-4-98	X									
	MFS Total Return-B		X		11-9-98	X									
			X		6-4-98	X									
	MFS Total Return-B		X		10-12-98	X									
	Putnam Voyager-B		X		11-9-98		X								
	Putnam Tax Free Insured-B		X		"	X									
	Putnam Tax Free Hi Yield-B		X		"		X								
	Putnam New Value-B		X		"		X								
	Putnam New Opportunites-B		X		"		X								
	Putnam Muni Income-B		X		"	X									
	Putnam Growth and Income-B		X		"		X								
	Putnam Growth and Income II_B		X		"			X							
	Putnam Equity Income-B		X		"		X								
	Putnam Diversified Income-B		X		"		X								

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SCHEDULE IV — TRANSACTIONS

Name Jackson, Jesse, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.		Type of Transaction			Date	Amount of Transaction									
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example:* Mega Corporation Common Stock	X			10-12-98		X								
	Putnam Equity Income-B (11 mthly syst invst)	x			11-3-98	x									
	Putnam Growth and Income (11 mthly syst invst)	x			10-2-98	x									
	MFS Research -B		x		10-12-98	x									

This page may be copied if more space is required.

Name Jackson, Jesse Jr. | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	First Union Mortgage-Raleigh, NC	Mortgage on Effcy condo 240 M St, SW Washington, DC			X							
	First Chicago Mortgage-Detroit, MI	Mortgage on Condo				X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	"Do Something"	Aug. 20	Chicago,IL-Utah-Chicago,IL	Y	Y	Y (spouse)	7 Days

This page may be copied if more space is required.

Name Jackson, Jesse, Jr.	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

GPO: 1999 55-195 (mac)

Use additional sheets if more space is required.

JESSE L. JACKSON, JR
2d DISTRICT, ILLINOIS

INSIDE MAIL

COMMITTEES
BANKING AND FINANCIAL SERVICES
SUBCOMMITTEE ON HOUSING AND COMMUNITY OPPORTUNITY
SUBCOMMITTEE ON DOMESTIC AND INTERNATIONAL MONETARY POLICY
SMALL BUSINESS
RANKING MEMBER
SUBCOMMITTEE ON EMPOWERMENT

Congress of the United States
House of Representatives
Washington, DC 20515–1302

June 4, 1999

The Honorable Jeff Trandahl
Clerk
U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, D.C. 20515

(1)

MC

99 JUN -4 PM 3:46
RECEIVED
FOIA/PRIVACY ACT RELEASE CENTER

Dear Mr. Trandahl:

I write to clarify the information reported on page 8 of my Financial Disclosure Statement for 1998.

For the record, I own the two condominium units listed below:

240 M Street, SW, #E-414, Washington, D.C.
2 Bedroom, value: $100,00 - $250,000 purchased 1992

240 M Street, SW, #E-212, Washington, D.C.
Efficiency, value: $50,00 - $100,000 purchased 1993

Until October 1998, the 2 bedroom unit was my personal residence in Washington, D.C. The efficiency unit, which is adjacent to the 2 bedroom unit, served as office space and was not listed on my previous disclosure forms as I understood it to be for personal use. However, as a separate unit that is not my "residence," the efficiency should have been listed previously. The value would have been the same in previous years.

In October 1998, my wife and I purchased a house in Washington, and moved out of the 2 bedroom condominium. Because this condo is no longer our personal residence (although a family member is living there) we have now listed it on the disclosure form.

Finally, a typographical error was made on page 1 of the forms: under "Preliminary Information," question V should have been checked "yes."

If you have any further questions, please do not hesitate to contact me at 225-0773.

Sincerely,

Jesse L. Jackson, Jr.
Member of Congress

313 CANNON BUILDING
WASHINGTON, DC 20515–1302
(202) 225–0773

10331 SOUTH HALSTED
CHICAGO, IL 60628
(773) 238–2100

17926 SOUTH HALSTED
HOMEWOOD, IL 60430
(708) 798–8000

This mailing was prepared, published, and mailed at taxpayer expense

UNITED STATES HOUSE OF REPRESENTATIVES

Form A
For use by Members, officers, and employees

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

RECEIVED
LEGISLATIVE RESOURCE CENTER
99 MAY 21 PM 3:00
OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES

OFFICE OF THE CLERK
HOUSE OF REPRESENTATIVES
MAY 17 1999

MC

(13)

(Office Use Only)

William Jennings Jefferson
(Full Name)

240 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-6636

Filer Status: [X] Member of the U.S. House of Representatives — State: LA District: 02 — [ ] Officer or Employee — Employing Office

Report Type: [X] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, apppearance, or article in the reporting period? **If yes, complete and attach Schedule I** — Yes [ ] No [X]

III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** — Yes [X] No [ ]

IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** — Yes [X] No [ ]

V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.** — Yes [ ] No [X]

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** — Yes [ ] No [X]

IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** — Yes [X] No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS-Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? — Yes [ ] No [X]

EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? — Yes [ ] No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and wilfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, 104 and 18 U.S.C.1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wm J. Jefferson

DATE (Month/Day/Year): 5/17/99

Name William Jennings Jefferson	Page 1 of 1

SCHEDULE I – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$10,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	The A Group, Inc.	spouse salary	NA
	Southern University	spouse salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William Jennings Jefferson | Page 1 of 2

SCHEDULE III -- ASSETS AND "UNEARNED" INCOME

BLOCK A **Asset and/or Income Source**	BLOCK B **Value of Asset**	BLOCK C **Type of Income**	BLOCK D **Amount of Income**	BLOCK E **Transaction**
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is *self-directed* provide the required information on underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is *not* self-directed, name the institution holding the account and provide its value at the end of the reportin year. **Exclude:** Your personal residence(s) (unless there rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. For further information, see instructions, pages 14-20	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."	If other than one of the listed categories, specify the type of income by writing a brief description in this block.	For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.	Indicate if asset was purchased(P), sold(S), or exchanged(E) in reporting year.
SP DC *Examples:* SP Mega Corp. Stock JT 123 Main St., Dover, Del. 1st Bank of Paducah, KY accounts	$15,001 - $50,000 $250,001 - $500,000 $50,001 - $100,000	Dividends Rent Interest	$201 - $1,000 $1,001 - $2,500 $5,001 - $15,000	P
Residential rental property, Rt 3 Box 26, Lake Providence, LA	$15,001 - $50,000	Rent	$1 - $200	S
Farmland - 40 acres Rt 3 Box 26, Lake Providence, LA	$50,001 - $100,000	Rent	$1,001 - $2,500	
Farmland - 50 acres Rt 3 Box 26, Lake Providence, LA	$1,001 - $15,000	Rent	$1 - $200	
Jefferson, Bryan & Jupiter (shares in corp.)	$250,001 - $500,000	Interest	None	
Congressional Federal Credit Union, Washington DC	$1,001 - $15,000	Interest	$201 - $1,000	

SCHEDULE III – ASSETS AND "UNEARNED" INCOME

Fidelity Stock Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	p
Vanguard Group Fund	$1,001 - $15,000	Capital Gains and Dividends	$201 - $1,000	
Active Apparel Group	$1,001 - $15,000	Dividends	$1 - $200	p
America Online	$50,001 - $100,000	Dividends	$1 - $200	p
C Phone	$1,001 - $15,000	Dividends	$1 - $200	p
Cisco	$50,000-$100,000	Dividends	$1-$200	p
Coulter	$1,001- $15,000	Dividends	$1-$200	p
Creative	$1,001- $15,000	Dividends	$1-$200	p
Dell	$15,001- $50,000	Dividends	$1-$200	p
Genesis	$1,001- $15,000	Dividends	$1-$200	p
Internet	$1,001- $15,000	Dividends	$1-$200	p
Irvine	$1,001- $15,000	Dividends	$1-$200	p
Microsoft	$1,001- $15,000	Dividends	$1-$200	p
Multiple zones	$1,001- $15,000	Dividends	$1-$200	p
Oracle	$1,001- $15,000	Dividends	$1-$200	p
Sky Mall	$1,001- $15,000	Dividends	$100- $200	p
Value vision	$1,001- $15,000	Dividends	$100- $200	p
Union Savings & Loan	$1,001- $15,000	Interest	$201-$1,000	p
Fidelity Savings	$1,001- $15,000	Interest	$201-$1,000	p
Jefferson for Mayor Campaign Committee Loan Receivable	$100,001-$250,000	None	None	
Jefferson Interests Loan Receivable	$250,000-$500,000	Interest	None	

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Microcap Growth Fund	Purchase	01/02/98	$1,001 - $15,000
	Microcap Growth Fund	Sold	12/28/98	$1,001 - $15,000
	Strong Schaefer Value Fund	Sold	12/24/98	$1,001 - $15,000
	T Rowe Price Small Cap Fund	Purchase	01/02/98	$1,001 - $15,000
	T Rowe Price Small Cap Fund	Sold	12/28/98	$1,001 - $15,000
	Dreyfus Small Co Value Fund	Sold	07/13/98	$1,001 - $15,000
	Fidelity Stock Fund	Purchase	01/02/98	$1,001 - $15,000
	Aflac	Sold	08/31/98	$1,001 - $15,000
	America Online	Sold	07/06/98	$15,001 - $50,000
	Ameritrade	Sold	12/29/98	$1,001 - $15,000
	Barr Laboratories	Sold	11/25/98	$1,001 - $15,000
	Bristol Myers Squibb	Sold	05/12/98	$1,001 - $15,000
	Capital Saving Bancorp	Sold	02/17/98	$1,001 - $15,000
	Chase Manhattan	Sold	05/05/98	$1,001 - $15,000
	Compaq	Sold	05/05/98	$1,001 - $15,000
	Compaq	Sold	10/30/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

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SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Computer Literacy	Sold	11/24/98	$1,001 - $15,000
	Cytyc	Sold	12/14/98	$1,001 - $15,000
	Delia's	Sold	12/28/98	$1,001 - $15,000
	Dell Computer	Sold	04/07/98	$1,001 - $15,000
	Entremed	Sold	04/07/98	$1,001 - $15,000
	Hibernia	Sold	03/07/98	$1,001 - $15,000
	Icos	Sold	07/15/98	$1,001 - $15,000
	Integrated Process Equipment	Sold	05/05/98	$1,001 - $15,000
	Intel	Sold	12/24/98	$15,001 - $50,000
	K Tel Intl	Sold	11/12/98	$1,001 - $15,000
	Eli Lilly	Sold	08/31/98	$1,001 - $15,000
	Lycos	Sold	11/20/98	$1,001 - $15,000
	Money Store	Sold	03/17/98	$1,001 - $15,000
	Novamerican Steel	Sold	12/23/98	$1,001 - $15,000
	Nucor	Sold	10/14/98	$1,001 - $15,000
	P Com	Sold	04/07/98	$1,001 - $15,000

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Pfizer	Sold	05/26/98	$1,001 - $15,000
	Right Management Consultants	Sold	03/17/98	$1,001 - $15,000
	Showbiz Piza	Sold	05/05/98	$1,001 - $15,000
	3Com	Sold	12/28/98	$1,001 - $15,000
	US Airways	Sold	05/05/98	$1,001 - $15,000
	Waste Management	Sold	08/31/98	$1,001 - $15,000
	Worldcom	Sold	04/21/98	$1,001 - $15,000
	Xylan	Sold	05/12/98	$1,001 - $15,000
	Ziff-Davis	Sold	12/28/98	$1,001 - $15,000
	Creative Tech	Purchase	05/29/98	$1,001 - $15,000
	Aflac	Purchase	06/12/98	$1,001 - $15,000
	Active Apparel Group	Purchase	12/29/98	$1,001 - $15,000
	America Online	Purchase	04/21/98	$1,001 - $15,000
	America Online	Purchase	08/05/98	$1,001 - $15,000
	America Online	Purchase	08/31/98	$1,001 - $15,000
	America Online	Purchase	11/19/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	America Online	Purchase	12/30/98	$1,001 - $15,000
	America Online	Purchase	05/05/98	$1,001 - $15,000
	Ameritrade	Purchase	12/23/98	$1,001 - $15,000
	Barr Laboratories	Purchase	04/07/98	$1,001 - $15,000
	Bristol Myers Squibb	Purchase	04/21/98	$1,001 - $15,000
	C Phone	Purchase	05/13/98	$1,001 - $15,000
	Chase Manhattan	Purchase	04/07/98	$1,001 - $15,000
	CiscoSystems	Purchase	05/05/98	$1,001 - $15,000
	Cisco Systems	Purchase	07/29/98	$1,001 - $15,000
	Cisco Systems	Purchase	08/05/98	$1,001 - $15,000
	Cisco Systems	Purchase	08/31/98	$1,001 - $15,000
	Cisco Systems	Purchase	09/17/98	$1,001 - $15,000
	Cisco Systems	Purchase	12/11/98	$1,001 - $15,000
	Compaq	Purchase	01/05/98	$1,001 - $15,000
	Compaq	Purchase	01/22/98	$1,001 - $15,000
	Computer Literacy	Purchase	11/20/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Coulter Pharmaceutical	Purchase	05/12/98	$1,001 - $15,000
	Cytyc	Purchase	02/27/98	$1,001 - $15,000
	Delia's	Purchase	12/28/98	$1,001 - $15,000
	Dell Computer	Purchase	03/09/98	$1,001 - $15,000
	Dell Computer	Purchase	05/05/98	$1,001 - $15,000
	Dell Computer	Purchase	08/31/98	$1,001 - $15,000
	Dell Computer	Purchase	09/17/98	$1,001 - $15,000
	Dell Computer	Purchase	11/17/98	$1,001 - $15,000
	Entremed	Purchase	05/05/98	$1,001 - $15,000
	Entremed	Purchase	05/05/98	$1,001 - $15,000
	Genesis Direct	Purchase	12/30/98	$1,001 - $15,000
	Hibernia	Purchase	02/04/98	$1,001 - $15,000
	Icos	Purchase	05/29/98	$1,001 - $15,000
	Integrated Process Equipment	Purchase	02/27/98	$1,001 - $15,000
	Intel	Purchase	12/23/98	$15,001 - $50,000
	Internet America	Purchase	12/24/98	$1,001 - $15,000

SCHEDULE IV -- TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example: Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	Irvine Sensors	Purchase	05/18/98	$1,001 - $15,000
	K Tel Intl	Purchase	05/05/98	$1,001 - $15,000
	Eli Lilly	Purchase	04/21/98	$1,001 - $15,000
	Lycos	Purchase	11/19/98	$1,001 - $15,000
	Microsoft	Purchase	04/21/98	$1,001 - $15,000
	Money Store	Purchase	03/05/98	$1,001 - $15,000
	Multiple Zones Intl	Purchase	12/23/98	$1,001 - $15,000
	Novamerican Steel	Purchase	12/23/98	$1,001 - $15,000
	Nucor	Purchase	06/12/98	$1,001 - $15,000
	Oracle	Purchase	12/11/98	$1,001 - $15,000
	P Com	Purchase	02/27/98	$1,001 - $15,000
	Pfizer	Purchase	04/07/98	$1,001 - $15,000
	Skymall	Purchase	12/28/98	$1,001 - $15,000
	Skymall	Purchase	12/28/98	$1,001 - $15,000
	Teltronics	Purchase	05/18/98	$1,001 - $15,000
	3Com	Purchase	12/23/98	$1,001 - $15,000

SCHEDULE IV – TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP,DC,JT	Asset	Type of Transaction	Date	Amount of Transaction
	Example Mega Corporation Common Stock	Purchase	10/12/1998	$15,001 - $50,000
	USA Waste Services	Purchase	06/12/98	$1,001 - $15,000
	US Airways	Purchase	02/17/98	$1,001 - $15,000
	Valuevision	Purchase	12/30/98	$1,001 - $15,000
	Valuevision	Purchase	12/30/98	$1,001 - $15,000
	Valuevision	Purchase	12/30/98	$1,001 - $15,000
	Valuevision	Purchase	12/30/98	$1,001 - $15,000
	Worldcom	Purchase	03/17/98	$1,001 - $15,000
	Xylan	Purchase	03/05/98	$1,001 - $15,000
	Ziff-Davis	Purchase	12/28/98	$1,001 - $15,000
	Residential Lake Providence LA	Sale	01/01/98	$1,001-$15,000

Name William Jennings Jefferson	Page 1 of 1

SCHEDULE V – LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year.

Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000.

SP,DC,JT	Creditor	Type of Liability	Amount of Liability
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	$100,001 - $250,000
	E*Trade Securities, Palo Alto CA	Margin Account	$100,001 - $250,000
	Wright Patman Credit Union	Secured/Automobile	$10,001-$15,000

Name William Jennings Jefferson | Page 1 of 1

SCHEDULE IX – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	None during reporting period. See 1990 Disclosure Form for prior agreement	-

WILLIAM J. JEFFERSON
SECOND DISTRICT, LOUISIANA

WASHINGTON OFFICE
240 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1802
(202) 225-6636

LIONEL R. COLLINS, JR
CHIEF OF STAFF

DISTRICT OFFICE
1012 HALE BOGGS FEDERAL BUILDING
501 MAGAZINE STREET
NEW ORLEANS, LA 70130
(504) 589-2274

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CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515-1802

COMMITTEES
WAYS AND MEANS
SUBCOMMITTEES
TRADE
HUMAN RESOURCES

DEMOCRATIC STEERING AND POLICY COMMITTEE

WHIP AT-LARGE

June 15, 1999

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FINANCIAL DISCLOSURE CENTER

(1)
✓
MC

Mr. Jeff Trandahl
Clerk of the House
H-154
Washington, D.C. 20515

Dear Mr. Trandahl:

I am writing to clarify some items that were included on my recently submitted Financial Disclosure Statement for Calendar Year 1998.

Item 1: Last year, (3) three items were included on Schedule IV - Transactions section of the 1997 Disclosure Statement - Pan American Silver, Capital Security, and RMCI. For 1998, Capital Security is now the Capital Saving Bancorp entry (on page 1/7); RMCI is now the Right Management Consultants entry (on page 3/7) and Pan American Silver was not included on the 1998 Disclosure form because it was sold on 5/5/98 for less than 1,000 (sold for $961.00).

Item 2: On the 1998 Disclosure Form the following correction should be made - the Entremed entry on page 2/7 which states that it was sold on 04/07/98 SHOULD BE CORRECTED to show that it was sold on 05/06/98.

Item 3: Waste Management is listed on the 1998 form on page 3/7 as being sold on 8/31/98. This stock was purchased on 6/12/98 and is listed on page 7/7 under the name of USA Waste Services.

Please call my Chief of Staff, Lionel Collins, Jr. at 5-6636, if you need any additional information regarding the contents of this letter.

Sincerely,

William J. Jefferson
Member of Congress

WJJ:lrc

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

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99 MAY 13 PM 12: 29
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U.S. HOUSE OF REPRESENTATIVES
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(Office Use Only)

William Lewis Jenkins
(Full Name)

767 McKinney Chapel Road, Rogersville, TN, 37857
(Mailing Address)

(423)272-3878
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: TN District: 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William L. Jenkins

DATE (Month/Day/Year) 5-13-99

1840

Name	Page 2 of 10
William Lewis Jenkins	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

	Source	Type	Amount
Examples:	Keene State	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Ontario County Board of Education	Spouse Salary	NA
	State of Tennessee Consolidated Retirement System	Legislative-Judicial Retirement	$25,665.63
	State of Tennessee Consolidated Retirement System	Spouse - Teachers Retirement	3,177.24

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
N/A			

This page may be copied if more space is required.

Name William Lewis Jenkins | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source		Block B: Value of Asset												Block C: Type of Income							Block D: Amount of Income											Block E: Transaction
			A None	B $1 – $1,000	C $1,001 – $15,000	$15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCERPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify. For Example: Partnership Income or Farm Income)	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	P S E
SP	Mega Corp. Stock	SP					X								X										X									P
DC,	*Examples* Simon & Schuster				Indefinite																Royalties													
JT	1st Bank of Paducah, KY accounts							X									X									X				X				
JT	Building Main Street Rogersville, TN					X										X						X												
JT	Farm Land, Bray Road Rogersville, TN							X																										
JT	Farm Land, Old Mill Road Rogersville, TN							X																										
SP	Farm Land - Drew Haynes Road Rogersville, TN							X																										
JT	Farm Land - Highway 70 Rogersville, TN					X																												
SP	Farm Land - Webster Valley Rogersville, TN		Re						X																									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Lewis Jenkins | Page 5 of 10

SP DC JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	I $1,000,001 - $5,000,000	J $5,000,001 - $25,000,000	K $25,000,001 - $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	X $1,000,001 - $5,000,000	XI Over $5,000,000	BLOCK E Transaction P, S, E
JT	Farm Land Off Highway 70 Rogersville, TN						X																									
JT	Cattle				X																											
JT	Farm Machinery				X																											
	1/2 remainder interest Farm land Hickory Cove, Rogersville TN					X																										
	Farm income from land, cattle, machinery (Gross $10,506) (Net ($7,857)) loss																															
	Mountain Metals MFG Corp.						X							X												X						
SP	1st TN National Corporation						X							X											X							
SP	Exxon Corporation			X										X									X									
SP	Amoco Corporation (Pending merger with BP)				X									X									X									
	IRA-1st TN Bank								X					X		X										X						
	Trust Dept. Johnson City, TN (managed)																															
SP	IRA-1st TN Bank						X							X		X								X								
	Trust Dept. Johnson City, TN (managed)																															

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Lewis Jenkins

Page 6 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: P, S, E
JT	Farm Checking Account 1st TN Bank			X												X						X										
JT	Checking Account Citizens Bank			X												X							X									
	Savings Account Citizens Bank			X												X						X										
SP	Savings Account 1st TN Bank			X												X						X										

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SCHEDULE IV — TRANSACTIONS

Name William Lewis Jenkins | Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	I $5,000,001-$25,000,000	J $25,000,001-$50,000,000	K Over $50,000,000
SP	*Example* Mega Corporation Common Stock	X			10-12-98		X								
	NONE														

This page may be copied if more space is required.

Name	William L. Jenkins	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability									
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X						
	N/A											

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	State of Tennessee - William Lewis Jenkins	(same as 1997)

GPO 1999 55-195 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1998

FORM A
For use by Members, officers, and employees

RECEIVED
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(9)

CHRISTOPHER CHARLES JOHN
(Full Name)

P.O. BOX 971 CROWLEY LA 70527
(Mailing Address)

(202) 225-2031
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives — State: LA District: 07	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 17)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) May 13 1999

Name: Christopher John | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

Source	Type	Amount
Examples: Keene State	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Ontario County Board of Education	Spouse Salary	NA
John and John Travel Inc.	Spouse Salary	7150

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1998	$2,000
XYZ Magazine	Article	Aug. 13, 1998	$500
The Council of Insurance Agents & Brokers	Speech	Feb 3 1998	2000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Christopher John

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan over which you have investment power, provide the required information on each underlying asset that exceeds the value or income reporting threshold. For an IRA or retirement plan that is not self directed, name the institution holding the account and provide its value at the end of the reporting year.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT). In the optional column on the far left

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None".

BLOCK C — Type of Income

BLOCK D — Amount of Income

For IRA's and retirement plans that are *not* self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B	Block C	Block D	Block E
SP, DC, JT	Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
SP	Mega Corp Stock	$1,001 – $15,000	DIVIDENDS	$201 – $1,000	P
SP	Simon & Schuster	Indefinite	RENT	$2,501 – $5,000	
JT	1st Bank of Paducah, KY accounts	$100,001 – $250,000	INTEREST	$1,001 – $2,500	
	Royalties				
	JOHN N JOHN TRUCKING INC	$250,001 – $500,000	RENT	None	
	89 Northern Crawley LA	$15,001 – $50,000	RENT	$5,001 – $15,000	
	1108 11th Street Crawley LA	$15,001 – $50,000	RENT	$5,001 – $15,000	
	1224 Hwy 90 Crawley LA	$50,001 – $100,000	RENT	$5,001 – $15,000	
	1220 Hwy 90 Crawley LA	$15,001 – $50,000	RENT	$5,001 – $15,000	
	EVANGELINE Bank Crawley LA	$1,001 – $15,000	INTEREST	$201 – $1,000	

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher John

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I $1,000,001 – $5,000,000	J $5,000,001 – $25,000,000	K $25,000,001 – $50,000,000	L Over $50,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Other Type of Income (Specify)	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	XI Over $5,000,000	BLOCK E Transaction: T, S, P, E
	JOHN AND JOHN Travel Crowley LA	X																			X										
	Big Drake Properties Crowley LA							X							X											X					
	JOHN JOHN Farm Crowley LA					X									X										X						
	N.Y. Life IRA Crowley LA			X										X									X								
	Kemper Fund Baton Rouge LA				X											X							X								
	Jones Cabu Minneapolis MN			X													X					X									
	Congressional Credit Wash DC		X													X							X								
SP	General Electric			X										X								X									

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SCHEDULE IV — TRANSACTIONS

Name Christopher John

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
SP	*Example*	Mega Corporation Common Stock	X			10-12-98		X								
	N/A															

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Name Christopher John | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability										
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000	I $5,000,001–$25,000,000	J $25,000,001–$50,000,000	K Over $50,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X						
	John N John III Inc Clearlake	Personal Loan			X							
	John N John Truckline Inc Clearlake	Personal Loan		X								
	John N John Jr Inc Clearlake	Personal Loan		X								
	Evangeline Bank & Trust Clearlake, LA	Business Loan / Travel Agency		X								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: The gift rule (House Rule 51, re-numbered as clause 5 of House Rule 26 in the 106th Congress) prohibits gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Christopher John | Page 8 of 9

SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by a Federal political committee; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	Point of Departure—Destination—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Roycroft Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Home Builders	Jan 17-18	Crowley - Dallas - Crowley	Y	N	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N/A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
		N/A

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